L20000250343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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10/22/20--01020--004 **25.00

2020 OCT 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2020

LADY BLUES MAINTENANCE LLC
7643 GATE PARKWAY STE 104-1031
JACKSONVILLE, FL 32256

SUBJECT: LADY BLUES MAINTENANCE LLC
Ref. Number: L20000250343

We have received your document for LADY BLUES MAINTENANCE LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 MISSING

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 420A00024096

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lady Blues Maintenance
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Smyrna L. Blue Thornton
Name of Person

Lady Blues Maintenance
Firm/Company

7643 Gate Parkway Ste 104-1031
Address

Jax Fla 32256
City State and Zip Code

ladyhluesmaintenance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Smyrna Blue Thornton at (904) 554-3581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
FEB 1 2021

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

_____

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/17/20 and assigned Florida document number L20000250343

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

FILED
2021 FEB 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

omit

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
	Smyrna Blue	Lady Blues Maintenance	☐Add
		7643 Gate Parkway	☐Remove
		Suite 104 - 1031	☐Change
		JAX Fla 32256	☐Add
			☐Remove
			☐Change
	Smyrna Lynn Blue Thornton	Lady Blues Maintenance	☐Add
		7643 Gate Parkway	☐Remove
		Suite 104-1031	☐Change
		JAX Fla 32256	☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing my name only

From: Smyrna Blue

To: Smyrna Lynn Blue Thornton

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/15/2020

Smyrna Lynn Blue Thornton

Signature of a member or authorized representative of a member

Smyrna Lynn Blue Thornton

Typed or printed name of signee

Filing Fee: $25.00