

# L20000292395

(Requestor's Name)

(Address)

(Address)

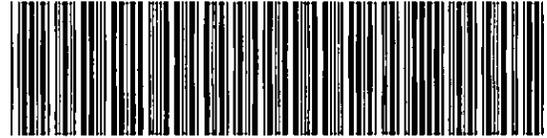
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



100365896601

06/19/21--01011--027 \*\*50.00

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2021 JUN 21 PM 4:23  
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

CALLER  
PERMISSION GIVEN TO CORRECT  
DOCUMENT BY GLORIA GREEN  
ON THIS DATE 6/29/2021  
KS

WRONG FORM

Office Use Only

6/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2021

GLORIA GREEN  
DEPEND ON US, LLC  
6215 MEADOWVIEW CIR.  
FT. MYERS, FL 33916

SUBJECT: DEPEND ON US, LLC  
Ref. Number: L20000292395

We have received your document for DEPEND ON US, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 821A00012408

6/10/21

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Depend on US LLC  
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:

Gloria Green  
Name of Person

Depend on US LLC  
Firm/Company

6215 Meadowview Cir  
Address

FT Myers FL 33916  
City/State and Zip Code

gthomas93@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Green at 407, 618-3600  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 JUN 21 PM 4:23

Depend on us, LLC

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

CLASHSET FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L20000292395

This amendment is submitted to amend the following:

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

Same Name

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)

Gloria Green - P  
6215 Meadowview Cir  
FT Myers FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Gloria Green

New Registered Office Address:

6215 Meadowview Cir

Enter Florida street address

FT Myers

City

Florida

33916

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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>   | <u>Type of Action</u>   |
|--------------|-----------------------|--|---|
| MGR/<br>AMBR | <u>Kevin Herring</u>  | <u>3408 Franklin St</u><br><u>Ft Myers FL 33916</u>          | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| <u>pres</u>  | <u>Marlene Ridley</u> | <u>3039 Edison Ave</u><br><u>Ft Myers FL</u><br><u>33916</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR/<br>AMBR | <u>GLORIA GREEN</u>   | <u>6215 MEADOWVIEW CIR.</u><br><u>Ft. MYERS, FL 33916</u>    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| _____        | _____                 | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
| _____        | _____                 | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
| _____        | _____                 | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
| _____        | _____                 | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 08-21-2018 BY 60322  
 2021 JUN 21 PM 4:23  
 FILED

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

Multiple horizontal lines for amending information.

2021 JUN 21 PM 4:23  
STATE ARCHIVES  
TALLAHASSEE FL 32304

FILED

E. Effective date, if other than the date of filing: 06-21-2021 (optional) N/A  
(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 06/15/2021

[Signature]  
Signature of a member or authorized representative of a member

Gloria Green  
Typed or printed name of signee