

420 000358493

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2022 JUN 29 PM 1:49
SUSAN E. COOK, CLERK OF STATE
TALLAHASSEE, FL
REC'D. BY: ED

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: Where There's A Will 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:

Scott W Sansom

Where there's A will there's
Firm/Company

4155 montgomery dr
Address

Pensacola FL 32509
City/State and Zip Code

Where there's a will (850 0 9141.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person _____ at (_____) _____
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

Registration Section
Division of Corporations

Division of C8
B.I.O. Box 6337

P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Street Address.

Registration Section
Division of Corporations

Division of Corporations

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF FILED

Where theres A will LLC

2022 JUN 29 PM 1:49

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/24/22 and assigned Florida document number L 2000358493.

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 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>
<u>Auth Rep</u>	<u>MARK MOORE</u>	<u>5801 BLUE ANGEL</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola FC</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Auth Rep</u>	<u>Austin Ingram</u>	<u>205 LIVE OAK AVE</u>	<input type="checkbox"/> Add
		<u>Pensacola FC 32507</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

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. June 7, 2016

ord is tied. Jack 14th 2022
11/8/22

Dated 6/14/22, _____

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee