

120000389614

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21 SEP -7 PM 3:23

COVER LETTER

**TO: Registration
Section Division of
Corporations**

SUBJECT: Rachel Phelps Design, L.L.C
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:

RACHEL PHELPS
Name of Person

N/A
Firm/Company

3175 Burdock Avenue
Address

West Melbourne, FL 32904
City/State and Zip Code

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

For further information concerning this matter, please call:

Rachel Phelps at (317) 910-5568
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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RACHEL PHELPS DESIGN, LLC

(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 12/14/2020 and assigned Florida document number 120000389614.

This amendment is submitted to amend the following:

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

NO CHANGE

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:

NO CHANGE

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

NO CHANGE

(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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

City

Florida

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

□ Change

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

This is to correct the original Articles of Organization - it showed the single-member AMBR and the MGR in reversed roles.

Below are the correct authorized member/owner and manager:

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Rachel Phelps is the sole authorized member/manager - AMBR

Caleb Phelps is an authorized non-member manager - MGR.

E. Effective date, if other than the date of filing: August 30, 2021 (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 August 30, 2021

Rachel Phelps

Signature of a member or authorized representative of a member

Rachel Phelps

Typed or printed name of signee

Filing Fee: \$25.00