

K21-00066075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

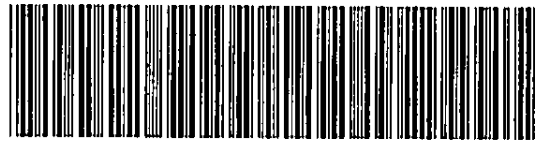
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900379114939

01/10/22--01026--021 **35.00

FILED
2022 FEB 11 PM 3:05
SECRETARY'S OFFICE
TOLSON

Amend/Name Change

FEB 24 2022

D CUSHING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 11 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FL

January 20, 2022

TICHIENA N. TUCKER
924 N MAGNOLIA AVENUE
SUITE 202 PMB 1364
ORLANDO, FL 32803

SUBJECT: THE TUCKER LAW FIRM, PLLC
Ref. Number: L21000066075

We have received your document for THE TUCKER LAW FIRM, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews
OPS

Letter Number: 522A00001564

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TUCKER LAW FIRM, PLLC

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:

TICHIENA TUCKER

Name of Person

THE TUCKER LAW FIRM, PLLC

Firm/Company

924 N. MAGNOLIA AVENUE, SUITE 202 PMB 1364

Address

ORLANDO, FL 32803

City/State and Zip Code

TICHIENA@TTUCKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TICHIENA TUCKER

at (407) 498-2539

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 32309

FILED
2022 FEB 11 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE TUCKER LAW FIRM, PLLC

(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 02-07-2021

Florida document number L21000066075

This amendment is submitted to amend the following:

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

TICHENA TUCKER LAW, PLLC

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:

924 N. MAGNOLIA AVENUE, SUITE 202 PMB 1364

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32803

Enter new mailing address, if applicable:

924 N. MAGNOLIA AVENUE, SUITE 202 PMB 1364

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32803

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
2022 FEB 11 PM 3:05
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:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

/s/ Tichiana N. Tucker

TICHIENA N. TUCKER

Typed or printed name of signee

Filing Fee: \$25.00