

L21 000071187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

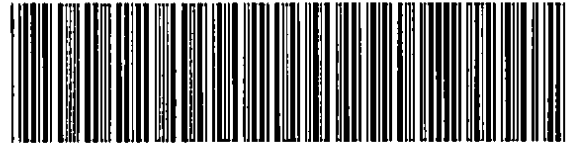
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 18 AM 12:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Warblers, 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:

Kentucky Costellow
Name of Person

Warblers, LLC
Firm/Company

735 NW 7th Street
Address

Gainesville, FL 32601
City/State and Zip Code

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

For further information concerning this matter, please call:

Kentucky Costellow at (352) 281-6913
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Warbler's, 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 2/10/2021 and assigned
Florida document number 121000071187.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

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>AP</u>	<u>William Bryson</u>	<u>14328 NE 199th Street</u>	<input type="checkbox"/> Add
		<u>Waldo, FL 32694</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>President</u>	<u>Nicole Tancreto</u>	<u>1004 NE 9th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville, FL 32601</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Secretary</u>	<u>Lindsey Riibe</u>	<u>1004 NE 9th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville, FL 32601</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Vice President</u>	<u>Kentucky Costellow</u>	<u>735 NW 7th Street</u>	<input type="checkbox"/> Add
		<u>Gainesville, FL 32601</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Chelsea Carnes</u>	<u>735 NW 7th Street</u>	<input type="checkbox"/> Add
		<u>Gainesville, FL 32601</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Emma Brady</u>	<u>1314 NE 12th Terrace</u>	<input type="checkbox"/> Add
		<u>Gainesville, FL 32601</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

Change James Henderson III from AP to AMBR.
His address is 1314 NE 12th Terrace, Gainesville, FL
32601.

Thank you!

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E. Effective date, if other than the date of filing: June 10, 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 June 10, 2021.

Kentucky Costello

Signature of a member or authorized representative of a member

Kentucky Costello

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Warblers, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000071187

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 13, 2021

4. I, William Bryson, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized person
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)