

L21000072096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

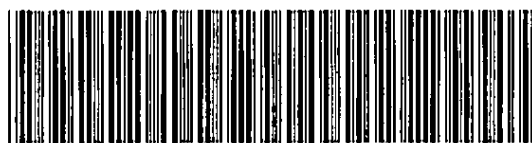
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11:11 AM
DIVISION OF CORPORATION
21 MAR - 1 PM 3:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOUNDLESS BAILEY 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:

TIMOTHY MCGILBERRY, CPA

Name of Person

SEIZING THE MOMENT LLC

Firm/Company

4814 ASHLEY LAKE CIRCLE

Address

VERO BEACH, FL 32967

City/State and Zip Code

mcgilberrycpa@protonmail.com

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

For further information concerning this matter, please call:

TIMOTHY MCGILBERRY

772 778-6612
at () _____
Area Code Daytime Telephone Number

Name of Person

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

21 MAR - 1 PM 3:46

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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>
AMBR	BAILY NELSON	518 S EOLA DR APT A ORLANDO, FL 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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21 MAR - 1 PM 3:46
DIVISION OF STATE
REGISTRATION OF CORPORATIONS

1997

21 MAR -1 PM 3:46

UNITED STATES
DEPARTMENT OF JUSTICE
DIVISION OF CONSPIRACY

(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 statute, the filing is not effective.

Dated FEBRUARY 25 2021

Bailey Nelson
Signature

Signature of a member or authorized representative of a member

BAILEY NELSON

Typed or printed name of signee

Filing Fee: \$25.00