

L21000078553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

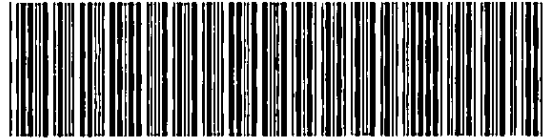
Special Instructions to Filing Officer:

Spoke to Marie. She confirmed
that she is changing the title
of Jean.

3/8/23

V.L.M.
8:50am

Office Use Only



900399069889

12/20/22--01010--016 **80.00

CLERK OF STATE
TALLAHASSEE, FL

2022 DEC 20 PM 1:44

FILED

3/3/23
V.L.M.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLAYEDBYDA 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:

MARIE-MARTHE JOSEPH

Name of Person

PRIORITY TAX SERVICES, LLC

Firm/Company

5108 15TH STREET EAST UNIT #106

Address

BRADENTON, FL 34203

City/State and Zip Code

SLAYEDBYDA@GMAIL.COM

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

For further information concerning this matter, please call:

MARIE-MARTHE JOSEPH

561 541-4667
at (_____) _____

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**

SLAYEDBYDA 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 02/16/2021 and assigned
Florida document number L210000785 53.

This amendment is submitted to amend the following:

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

SLAYED BY DA. LLC

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:

11718 MANGO CROSS CT

(Principal office address MUST BE A STREET ADDRESS)

SEFFNER, FL 33584

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2022 DEC 20 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

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>
MGR	DARLINE PINQUIEVE	11718 MANGO CROSS CT	<input type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JEAN B MILRY	11718 MANGO CROSS CT	<input type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Dated 12-07- 2022.

Peer

Signature of a member or authorized representative of a member

12 | 07 | 2022

Typed or printed name of signee

Filing Fee: \$25.00