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DATE:

4/20/2021

NAME:

8905 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obhie Hodge

·	1 :	1	
•	1	COVER LETTER	
TO: Registration Section Division of Corpora	o p ations		
OVE IECT.	890	S LLC	
SUBJECT:	Name of Li	mited Liability Company	
	:		
The enclosed Articles of Amo	ndment and fec(s) are su	bmitted for filing.	
Please return all corresponder	ce concerning this matte	r to the following:	
	Teresa Lawless		
-		Name of Person	-
	905 ELC		
-		Firm/Company	•
	5471 55th Square		
		Address	•
	Vero Beach, FL 32967		
	,	City/State and Zip Code	
ar ar -	ngels2xs@live.com		
	1 1	(to be used for future annual report notification)	
For further information conce	rning this matter, please	call:	· .
Teresa Lawless		484 464-8079 	
Name of Per	son	Area Code Daytime Telephone Number	•
Enclosed is a check for the fo	llowing amount:		
į	330.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Fi	iling Fee.
	Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
	·		
Malling Address: Registration Sect	tion	Street Address: Registration Section	·
Division of Corp P.O. Box 6327	orations	Division of Corporations .,The Centre of Tallahassee	
Tallahassee, FL	32314	2415 N. Monroe Street, Suite 8	310
-	***	Tallahassee, FL 32303	
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION • **OF**

8905 LLC (Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company) March 18, 2021 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number __L21000131387 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Michael Lawless Name of New Registered Agent: 6471 55th Square New Registered Office Address: Enter Florida street address , Florida 32967 Zip Code Vero Beach

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.

City

If amending Authorized Person(s) authorized to manag	e, <u>enter the title</u>	name, and address of	each person	being added
or removed from our records:				

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	Name	Address	AH 8: Type of Action
MGR	Michael Lawless	6471 S5th Square	<u>.</u>
		Vero Beach, FL 32967	≣Remove
MGR	Teresa Lawless	6471 55th Square	
		Vero Beach, FL 32967	□ Remove
			Change
			
			□ Remove
			□ Change
			□Add
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nding any o	ther inform	nstion, enter (change(s) here: (Attach additional sheets, if necessary.)
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ve date. If o	 ther than th	ie date of filin	g: (optional)
ective date is lis	ted, the date m	iust be specific an	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 meet the applicable statutory filing requirements, this date will not be listed as
ent's effective	date on the	Department of	State's records.
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d specifies a d ed.	lelayed effect	ive date, but no	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
4.	100		2021
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)	
 		Signature of a	member or authorized representative of a member
	Те	resa Lawless	
 			Typed or printed name of signee
			•
	ve date, if or extive date is list the date insent's effective date is ded.	ve date, if other than the ctive date is listed, the date in this ent's effective date on the dispecifies a delayed effected. April 19	ve date, if other than the date of filing extive date is listed, the date must be specific and if the date inserted in this block does not ent's effective date on the Department of all specifies a delayed effective date, but no ed. April 19