

L21 000 131738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

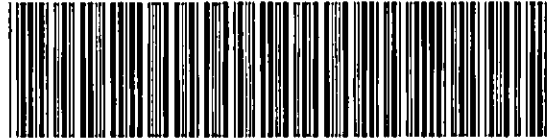
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/17/21
[Signature]

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHERRY LAND HOMES 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:

AMAR AMIN, CPA

Name of Person

PARIKH AND AMIN CPA LLC

Firm/Company

8814 N FLORIDA AVE

Address

TAMPA FL 33604

City/State and Zip Code

AMAR@PARAMICPA@GMAIL.COM

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

For further information concerning this matter, please call:

AMAR AMIN CPA

732 8959875
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**

CHERRY LAND HOMES 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 MARCH 22 2021 and assigned Florida document number L21000131738.

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:

Name of New Registered Agent:

AMAR AMIN CPA

New Registered Office Address:

8814 N FLORIDA AVE

Enter Florida street address

TAMPA

City

Florida 33604

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.

 CPA

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	KENNETH LEROY HASKINS JR	7217 SOMERSET POND DR	<input type="checkbox"/> Add
		RUSKIN FL 33573 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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10/11/06

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

PLEASE UPDATE "KENNY HASKINS" TO "KENNETH LEROY HASKINS JR", DRIVERS LICENSE

ATTACHED FOR SUPPORT.


E. Effective date, if other than the date of filing: _____ **(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 3RD MAY 2021

 **CPA**

Signature of a member or authorized representative of a member

AMAR AMIN, CPA

Typed or printed name of signee

Filing Fee: \$25.00

FILED
MAY 11 2021
11:06 AM
CLERK OF SUPERIOR COURT
STATE OF MINNESOTA
ST. PAUL

Florida

DLIC

H252-104-81-581-0



11111111111111111111
11111111111111111111
11111111111111111111
11111111111111111111

07/01/1981
06/01/2027
NONE NONE

SAFE DRIVER

05/24/2018
SOD K701805240039



[Signature]

Operation of a motor vehicle constitutes
consent to any sobriety test required by law

Florida

DRIVER LICENSE



H252-512-81-227-0

9 CLASS E



HASKINS
KENNETH LEROY, JR
7217 SOMERSET POND DR
RUSKIN, FL 33573-0127

06/27/1981 15 SEX M
06/27/2026 16 HGT 6'-02"
NONE 95 END NONE

SAFE DRIVER

05/25/2018
SOD K701805250156



[Signature]

Operation of a motor vehicle constitutes
consent to any sobriety test required by law