## L21000141643

(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:

Office Use Only



700366817927

05/24/21--01001--001 \*\*25.00

2021 MAY 21 PM 2: 55

FILED 2021 HAY 21 PM 2:5

MAY 2.1 2021 I ALBRITTON

## **COVER LETTER**

TO: Registration So Division of Cor				
	ารกั <b>ส</b> ใช่ LLC.			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ashley Hartsfield			
		Name of Person		
		Firm/Company		
	1133 Seminole Dr.	Name of Person  Firm/Company  Address  GO1  City/State and Zip Code  n  s: (to be used for future annual report notification)		
	T. U.L Fb'1- 22201			
	Tallahassee, Florida 32301		<del>.</del>	
	ahartsfield02@gmail.com	Chystate and Zip Code		
	E-mail address: (	to be used for future annual report no	otification)	
For further information of	oncerning this matter, please c	all:		
Ashley Hartsfield				
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre			ection	
Registration Section Division of Corporations		Division of Co	<del>-</del>	
P.O. Box 632				
Registration Division of C	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	tadditional copy is enclose ection or porations Tallahassee	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashley Hartsfield, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	'ds,)
The Articles of Organization for this Limited Liability Comp Florida document number L21000141643	any were filed on March 25, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" 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)		7 P 2:5
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
	, F	lorida Zip Code
		4

## 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 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>	Type of Action
AMBR	Ashley Hartsfield	1133 Seminole Dr	■Add
		Tallahassee, FL	□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
<del></del>		<del></del>	🗆 Add
			□Remove
		<del></del>	□ Change
			□Ađđ
			Remove
			□Change

	<u> </u>
	·
	<del></del>
If an e Note:	tive date, if other than the date of filing:
e reco rd is t	rd 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 ided.
Dated	May 21  2021  Signature of a member of authorized representative of a member
	Ashley Hartsfield

Filing Fee: \$25.00