

121000176199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF NEW YORK  
21 SEP 20 AM 3:07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Certified Stamped and Approved 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:

Tatyana Brown  
Name of Person

\_\_\_\_\_  
Firm/Company

3704 Radley DR  
Address

Jacksonville, Florida 32210  
City/State and Zip Code

oneekfam@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatyana Brown at (904) 472-6112  
Name of Person Area Code Daytime Telephone Number

I am enclosing a check for the following amount:

- ☐ \$0.00 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)

**Filing Address:**

Registration Section  
Division of Corporations  
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 SEP 20 AM 3:07  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Certified Stamped and Approved 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 4/15/2021 and assigned Florida document number 121000176199.

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**)

3704 Rodby DR  
Jacksonville, Florida 32210

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3704 Rodby DR  
Jacksonville, Florida 32210

**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:

Tatyana Brown

New Registered Office Address:

3704 Rodby DR ~~Sax, FL~~ 32210

Enter Florida street address

Jacksonville, Florida 32210

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.

Tatyana Brown  
If Changing Registered Agent, Signature of New Registered Agent

STAMP  
APR 15 2021  
11:50 AM  
CLERK OF COURT  
JACKSONVILLE  
FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

FILED  
JAN 20 1967  
21 SEP 20 AM 3:07

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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 \_\_\_\_\_

Anthony Brown (POA)  
Signature of a member or authorized representative of a member

Tatyana Brown  
Typed or printed name of signee