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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

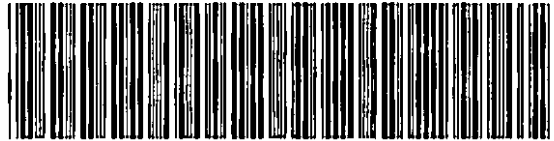
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ferdie's Floors & More 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:

Hattie Mullins
Name of Person
Ferdie's Floors & More LLC
Firm/Company
9068 Gallows Dr.
Address
Jacksonville, Florida 32219
City/State and Zip Code
ferdiesfloors@gmail.com
E-mail address: (to be used for future annual report notification)

2002 AUG -5 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hattie Mullins at (904) 228-5307
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Fordie's Flavors & More 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 _____ and assigned Florida document number _____.

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 "LLC."

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)

P.O. Box 9340
Jacksonville Florida 32208

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:

Hattie Mullins

New Registered Office Address:

9060 Galloway Rd.

Enter Florida street address

Jacksonville

City

Florida

32219

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.

Hattie Mullins

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	Leaford Mullings	9068 Galloway Dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl. 32219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hatthe Mullings	9068 Galloway Dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl. 32219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

1. *Introduction*
 2. *Methodology*
 3. *Results*
 4. *Discussion*
 5. *Conclusion*
 6. *References*
 7. *Appendix*
 8. *Index*
 9. *Table of Contents*
 10. *Summary*
 11. *Abstract*
 12. *Keywords*
 13. *Subject Headings*
 14. *Notes*
 15. *Footnotes*
 16. *References*
 17. *Appendix*
 18. *Index*
 19. *Table of Contents*
 20. *Summary*
 21. *Abstract*
 22. *Keywords*
 23. *Subject Headings*
 24. *Notes*
 25. *Footnotes*
 26. *References*
 27. *Appendix*
 28. *Index*
 29. *Table of Contents*
 30. *Summary*
 31. *Abstract*
 32. *Keywords*
 33. *Subject Headings*
 34. *Notes*
 35. *Footnotes*
 36. *References*
 37. *Appendix*
 38. *Index*
 39. *Table of Contents*
 40. *Summary*
 41. *Abstract*
 42. *Keywords*
 43. *Subject Headings*
 44. *Notes*
 45. *Footnotes*
 46. *References*
 47. *Appendix*
 48. *Index*
 49. *Table of Contents*
 50. *Summary*
 51. *Abstract*
 52. *Keywords*
 53. *Subject Headings*
 54. *Notes*
 55. *Footnotes*
 56. *References*
 57. *Appendix*
 58. *Index*
 59. *Table of Contents*
 60. *Summary*
 61. *Abstract*
 62. *Keywords*
 63. *Subject Headings*
 64. *Notes*
 65. *Footnotes*
 66. *References*
 67. *Appendix*
 68. *Index*
 69. *Table of Contents*
 70. *Summary*
 71. *Abstract*
 72. *Keywords*
 73. *Subject Headings*
 74. *Notes*
 75. *Footnotes*
 76. *References*
 77. *Appendix*
 78. *Index*
 79. *Table of Contents*
 80. *Summary*
 81. *Abstract*
 82. *Keywords*
 83. *Subject Headings*
 84. *Notes*
 85. *Footnotes*
 86. *References*
 87. *Appendix*
 88. *Index*
 89. *Table of Contents*
 90. *Summary*
 91. *Abstract*
 92. *Keywords*
 93. *Subject Headings*
 94. *Notes*
 95. *Footnotes*
 96. *References*
 97. *Appendix*
 98. *Index*
 99. *Table of Contents*
 100. *Summary*
 101. *Abstract*
 102. *Keywords*
 103. *Subject Headings*
 104. *Notes*
 105. *Footnotes*
 106. *References*
 107. *Appendix*
 108. *Index*
 109. *Table of Contents*
 110. *Summary*
 111. *Abstract*
 112. *Keywords*
 113. *Subject Headings*
 114. *Notes*
 115. *Footnotes*
 116. *References*
 117. *Appendix*
 118. *Index*
 119. *Table of Contents*
 120. *Summary*
 121. *Abstract*
 122. *Keywords*
 123. *Subject Headings*
 124. *Notes*
 125. *Footnotes*
 126. *References*
 127. *Appendix*
 128. *Index*
 129. *Table of Contents*
 130. *Summary*
 131. *Abstract*
 132. *Keywords*
 133. *Subject Headings*
 134. *Notes*
 135. *Footnotes*
 136. *References*
 137. *Appendix*
 138. *Index*
 139. *Table of Contents*
 140. *Summary*
 141. *Abstract*
 142. *Keywords*
 143. *Subject Headings*
 144. *Notes*
 145. *Footnotes*
 146. *References*
 147. *Appendix*
 148. *Index*
 149. *Table of Contents*
 150. *Summary*
 151. *Abstract*
 152. *Keywords*
 153. *Subject Headings*
 154. *Notes*
 155. *Footnotes*
 156. *References*
 157. *Appendix*
 158. *Index*
 159. *Table of Contents*
 160. *Summary*
 161. *Abstract*
 162. *Keywords*
 163. *Subject Headings*
 164. *Notes*
 165. *Footnotes*
 166. *References*
 167. *Appendix*
 168. *Index*
 169. *Table of Contents*
 170. *Summary*
 171. *Abstract*
 172. *Keywords*
 173. *Subject Headings*
 174. *Notes*
 175. *Footnotes*
 176. *References*
 177. *Appendix*
 178. *Index*
 179. *Table of Contents*
 180. *Summary*
 181. *Abstract*
 182. *Keywords*
 183. *Subject Headings*
 184. *Notes*
 185. *Footnotes*
 186. *References*
 187. *Appendix*
 188. *Index*
 189. *Table of Contents*
 190. *Summary*
 191. *Abstract*
 192. *Keywords*
 193. *Subject Headings*
 194. *Notes*
 195. *Footnotes*
 196. *References*
 197. *Appendix*
 198. *Index*
 199. *Table of Contents*
 200. *Summary*
 201. *Abstract*
 202. *Keywords*
 203. *Subject Headings*
 204. *Notes*
 205. *Footnotes*
 206. *References*
 207. *Appendix*
 208. *Index*
 209. *Table of Contents*
 210. *Summary*
 211. *Abstract*
 212. *Keywords*
 213. *Subject Headings*
 214. *Notes*
 215. *Footnotes*
 216. *References*
 217. *Appendix*
 218. *Index*
 219. *Table of Contents*
 220. *Summary*
 221. *Abstract*
 222. *Keywords*
 223. *Subject Headings*
 224. *Notes*
 225. *Footnotes*
 226. *References*
 227. *Appendix*
 228. *Index*
 229. *Table of Contents*
 230. *Summary*
 231. *Abstract*
 232. *Keywords*
 233. *Subject Headings*
 234. *Notes*
 235. *Footnotes*
 236. *References*
 237. *Appendix*
 238. *Index*
 239. *Table of Contents*
 240. *Summary*
 241. *Abstract*
 242. *Keywords*
 243. *Subject Headings*
 244. *Notes*
 245. *Footnotes*
 246. *References*
 247. *Appendix*
 248. *Index*
 249. *Table of Contents*
 250. *Summary*
 251. *Abstract*
 252. *Keywords*
 253. *Subject Headings*
 2

(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)

Dated _____, _____.

Patricia Miller

Signature of a member or authorized representative of a member

Hattie Mullins

Typed or printed name of signee

Filing Fee: \$25.00