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COVER LETTER

TO: Registration Section Division of Corporations

Trisha M. Floyd CPA LLC
SUBJECT:

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:

Trisha Floyd

Name of Person

Ramos & Floyd CPAs PLLC

Firm/Company

4215 Old Road 37

Address

Lakeland, FL 33813

City/State and Zip Code

Trisha.Floyd@outlook.com

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

For further information concerning this matter, please call:

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) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

Trisha M. Floyd CPA LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

and assigned
breviation "L.L.C,"
` `
<u>e of the new register</u> ¹
<u> </u>
Zip Code
-

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	lan Floyd	456 Oak Landing Blvd. Mulberry, FL 33860	🖬 Add
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tive date. if othe	r than the date (of filing: July 9, 2	021	1.	optional) after lifting.) Pursuant to

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

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.

document's effective date on the Department of State's records.

d	2021
Jusha 7	Gon D
	Signature of a member or authorized representative of a member
Trisha Floyd	

Typed or printed name of signee

Filing Fee: \$25.00