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A. BUTLER DEC - 2 2021

COVER LETTER

	Registration Se Division of Co					
CUBIC	ASHLEY I	HORDGE LLC	.·····································			
SUBJEC	CT:	Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		ASHLEY HORDGE				
			Name of Person			
		ASHLEY HORDGE LLC				
			Firm/Company			
		6271 St Augustine Rd Ste	24-1440			
			Address			
		Jacksonville, Florida 32217 City/State and Zip Code				
		ashley.j.wllms@gmail.com	to be used for future annual report notifi	and an		
For furthe	er information c	oncerning this matter, please co	·	Cattory		
Roderick	Hill		904 520-8158 at ()			
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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)		
_	Mailing Addres Registration S		Street Address: Registration Sect	tion		
	Division of C	orporations	Division of Corp	orations		
	P.O. Box 632 Tallahassee J		The Centre of Ta	illahassee Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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-		•	~		10

ASHLEY HORDGE LLC

company has been notified in writing of this change.

2021 PGY 15 PM 12: 30

6/1/2021

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

TOTAL CONTRACTOR OF THE CONTRA	11 .			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>·e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:	6271 St Augustine Rd		
(Principal office address MUST BE A STREET ADDRESS)		Ste 24-1440		
		Jacksonville, Florida 32217		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6271 St Augustine Rd		
		Ste 24-1440		
		Jacksonville, Florida 32217		
D. R.C. 11 at a second second			acuda ambawika mamma afika mau, mamint	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	tords, enter the name of the new regist	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	cords, <u>enter the name of the new regist</u>	
			cords, <u>enter the name of the new regist</u>	
agent and/or the new registered office addr Name of New Registered Agent:	ess here:		cords, enter the name of the new regist	
agent and/or the new registered office addr	ess here: 6271 St August	tine Rd	da street address	
agent and/or the new registered office addr Name of New Registered Agent:	ess here: 6271 St August	tine Rd		

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

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>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u> 1	re date, if other than the date of filing:
record d is file	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 d.
Dated _	November 4
	Signature of a member or authorized representative of a member
	Ashley Hordge
	Typed or printed name of signee