

121000284895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

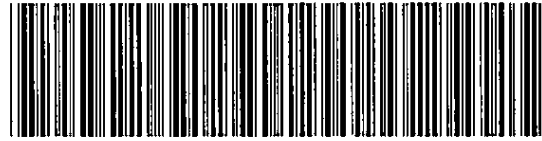
(Document Number)

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Special Instructions to Filing Officer.

9/28

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10/5/2021  
HC

FILED  
2021 SEP 29 AM 10:37  
SECRETARY OF STATE  
HALL ANDERSON, III



RECEIVED

21 SEP 28 PM 2:08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2021

EARL A LOVE JR  
1293 S MCADOO AVE  
BARTOW, FL 33830 US

SUBJECT: THE LOVE 357 ENTERPRISE LLC  
Ref. Number: L21000284895

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 521A00022191

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE LOVE 357 ENTERPRISE 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:

Earl A. Love Jr.

\_\_\_\_\_  
Name of Person

THE LOVE 357 ENTERPRISE LLC

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

1293 S. McAdoo Ave

\_\_\_\_\_  
Address

Bartow, FL 33830

\_\_\_\_\_  
City/State and Zip Code

elove2109@yahoo.com

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

For further information concerning this matter, please call:

Earl A. Love Jr.

863 430-8183

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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)

☒ \$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**

**FILED**

2021 SEP 28 AM 10:37

THE LOVE 357 ENTERPRISE LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on June 18, 2021 and assigned  
Florida document number L21000284895.

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:**

1101 E. Cumberland Ave, 201H-3227

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa, FL 33602

**Enter new mailing address, if applicable:**

1101 E. Cumberland Ave, 201H-3227

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

Tampa, FL 33602

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

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	Earl A. Love Jr.	1101 E. Cumberland Ave, 201H-3227 Tampa, FL 3360	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Earl Love		<input type="checkbox"/> Add
		1293 South McAdoo Bartow, FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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