

L21000339988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

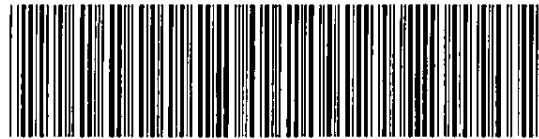
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Wmills

Office Use Only



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12/04/24--01016--014 \*\*55.00

2024 DEC -4 AM 10:42  
Filing Office



EVANS & DAVIS

866-708-2335 | evansdavis.com

VIA FIRST CLASS MAIL

November 26, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Request for Filing – Amendment to Articles of Organization**

To Whom It May Concern:

Enclosed in this correspondence, please find an Amendment to Articles of Organization ready for filing. A check for the filing fee is also enclosed.

Upon filing, please return the file-stamped original to my office in the postage paid return envelope provided.

Thank you in advance for your assistance. If you have any questions or concerns, please do not hesitate to contact my office.

Respectfully,

Brett T. Reavis  
BTR/kgw

Enclosures (3) *Amendment to Articles of Organization*  
*Filing Fee*  
*Return Envelope*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DB406 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:

Brett Reavis  
\_\_\_\_\_  
Name of Person  
  
Evans & Davis, PLLC  
\_\_\_\_\_  
Firm/Company  
  
211 N. Broadway  
\_\_\_\_\_  
Address  
  
Edmond, OK 73034  
\_\_\_\_\_  
City/State and Zip Code  
  
kimri@evansdavis.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimri Goerke Williams      866      708-2335  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>
AMBR	The Lucky Few, LLC	1718 CAPITOL AVE	<input type="checkbox"/> Add
		CHEYENNE, WY 82001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The JKF Living Trust dtd 10/25/24	23509 Valderama Lane	<input checked="" type="checkbox"/> Add
		Sorrento, FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]


**E. 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 November 26, 2024



Signature of a member or authorized representative of a member

Brett Reavis, Legal Counsel

Typed or printed name of signee

**Filing Fee: \$25.00**