# L21000352258

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## LKP GROUP CPAS PLLC

8833 Perimeter Park Blvd., Suite 504 Jacksonville, FL 32216 904-694-4272

October 18, 2021

Florida Department of State LLC Amendment – resubmitted Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: The Geddes Group LLC amended name change to James Geddes LLC

Document #: L21000352280

The following documents are enclosed:

- LLC amendment for the name change of The Geddes Group LLC to James Geddes LLC (document #L21000352289)
- 2. Receipt for the dissolution of James Geddes PA (P02000097810) October 18, 2021.
- 3. Notarized statement from the owner of James Geddes PA that he will not re-instate James Geddes PA in the future.

Please process this request as soon as possible as this delay is detrimentally affecting the business.

Sincerely,

Lisa K. Pilgrim, CPA

Lisa K. Pilgrim, MBA, CPA Managing Member

#### **COVER LETTER**

	rporations				
	DES GROUP LLC				
SUBJECT: Name of Limited Liability Company					
ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	•	_			
	LISA K PILGRIM CPA				
		Name of Person			
	LKP GROUP PLLC				
		Firm/Company			
	8833 PERIMETER PARK	BOULEVARD SUITE 504			
		Address	<del></del>		
	JACKSONVILLE, FL 32	216			
		City/State and Zip Code	<del></del>		
	<del>-</del>		hiffeetian)		
information o		•	uncanony		
LGRIM CPA		904 694-4275			
Name o	of Person	Area Code Daytir	ne Telephone Number		
a check for ti	he following amount:				
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)		
		Street Address: Registration Se	ection		
Division of Corporations		Division of Co	rporations		
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	information of LGRIM CPA  Name of a check for the Filing Fee egistration of CO. Box 632	THE GEDDES GROUP LLC  Name of Lin  and Articles of Amendment and fee(s) are sub  mall correspondence concerning this matter  LISA K PILGRIM CPA  LKP GROUP PLLC  8833 PERIMETER PARK  JACKSONVILLE, FL 32  LPILGRIM@LKPGROUP  E-mail address: ( information concerning this matter, please of  LGRIM CPA  Name of Person  a check for the following amount:  Filing Fee  \$30.00 Filing Fee & Certificate of Status  alling Address: egistration Section  ivision of Corporations  O. Box 6327	THE GEDDES GROUP LLC    Name of Limited Liability Company		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GEDDES GROUP LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000352289	y were filed on AUGUST 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
JAMES GEDDES LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		
No. n. i day 1000 - 41b		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	City	da Zip Code
New Registered Agent's Signature, if changing Registered Agent	i.	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and i provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
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fective date, if other than the	date of filing:		_ (optional)
fective date, if other than the meffective date is listed, the date must other. If the date inserted in this bloom that the date inserted in the date in the	t be specific and cannot be prior to	o date of filing or more than 90 o	lays after filing.) Pursuant to 605.020 ents. this date will not be listed a
current's effective date on the D	epartment of State's records.		,
record specifies a delayed effectiv is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
AUGUST 6	2021		
ated			
	ilgrim, CPA		
	ilgrim, CPA Signature of a member or author	rized representative of a member	<del></del>

Filing Fee: \$25.00

#### NOTARIZED STATEMENT

October 18, 2021	
James Geddes, PA	
4552 Shiloh Mill Blvd.	
Jacksonville, FL 32246	
Document # P0200007810	
FEIN: 03-0482756	
l, James Geddes hereby attest that my corporation, James Ge 2021. Furthermore, I will not reinstate this corporation at an	
James Geddes	
President  James Geddes PA	0//
James Getides I'A	
STATE OF FLORIDA COUNTY OF DUVAL  The foregoing instrument was acknowledged before me this _	20 1 5-21 1 6 55
agent, title of officer or agent) of (name of corporation acknowledge)	
corporation, on behalf of the corporation.	
HERMEL G. ROSA MY COMMISSION #GG341673 EXPIRES: JUN 04, 2023 Bondec Invoygn 1st State Insurance	Signature of Notary Public Print, Type/stamp name of Notary
Personally known:	
OR Produced Identification:	
OR Produced Identification:  Type of Identification Produced: Florida  L	
Type of Identification Produced: 1101744	