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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

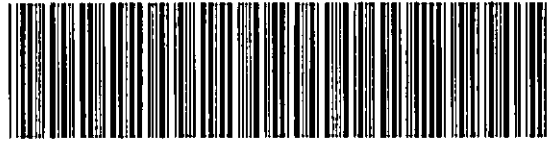
(Business Entity Name)

(Document Number)

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2022 MAR -4 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FL

Friend

MAR 07 2022

11:11:11 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liz Woods Pottery, 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:

Elizabeth Woods

Name of Person

Liz Woods Pottery, LLC

Firm/Company

1112 Oak Forest Circle

Address

Port Orange, Florida 32129

City/State and Zip Code

Lizwoods pottery @ Gmail. com

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

For further information concerning this matter, please call:

Liz Woods

Name of Person

at (516)

Area Code

456-0189

Daytime Telephone Number

Enclosed is a check for the following amount: PAID 35.00

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -4 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FL

February 9, 2022

ELIZABETH WOODS
1112 OAK FOREST CIRCLE
PORT ORANGE, FL 32129

SUBJECT: LIZ WOODS POTTERY LLC
Ref. Number: L21000370611

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00003269

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Liz Woods Pottery, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/18/21 and assigned Florida document number L21000370611.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2022 MAR -4 PM 2:19
STATE OF FLORIDA
TALLAHASSEE, FL

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: Elizabeth Woods

New Registered Office Address: 1112 Oak Forest Circle
Enter Florida street address

Port Orange, Florida 32129
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.

Elizabeth Woods
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

[illegible]

