Division of Corporations **Electronic Filing Cover Sheet**

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(((H210003629813)))



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To:

Division of Corporations Fax Number : (850)617-6363

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000562 Phone: (323)962-8600 Fax Number: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LICE TERMINATORS LLC

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A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		TERMINATORS LLC		
,		Name of Limit	ed Liability Company	
The enclosed	Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm:Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		theliceterminatorslle@gmail.		<u> </u>
		E-mail address: (to	be used for future annual report notif	lication)
For further i	nformation co	ncerning this matter, please cal	1:	
Cheyenne M	toseley		800 773-0888	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan		ي سيز مست	
(A Florida Limited L	ny as it now appears on our records,) hability Company)	SEP	
The Articles of Organization for this Limited Liability Company of Iorida document number 1.21000393047		and assigned and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	723 Truman Ave.		
Principal office address MUST BE A STREET ADDRESS)	#201994		
Trucipal office didices by our BEA OF REEL HADRESKY	Tallahassee, FL 32314		
	723 Truman Ave.		
Enter new mailing address, if applicable:	#201994		
	Tallahassee, Fl. 32314	enter the name of the	
3. If amending the registered agent and/or registered of	ffice address on our records, g	enter the name of the	
registered agent and/or the new registered office address here	ffice address on our records, <u>c</u> :	enter the name of the	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, g	enter the name of the	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, <u>c</u> :		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

To: +18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WOLF, CHRISTINA M		Add
			□ Remove
		723 Truman Ave., #201994 Tallahassee, FL 32314	
			□ Add
			□ Remove
			☐ Change
		-	Add
			Remove
		 	
			□ Add
			☐ Remove
			☐ Change
		<u> </u>	
			☐ Remove
			☐ Remove
			□ Channe

: +18506176383	Page: 6 of 6	2021-09-28 11:14:02 PDT	LegalZoom.com, Inc	From: Sylvia Pa
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	•			
D. If amendi	ng any other information, e	nter change(s) here: (Attach addition	ad sheets, if necessary.)	
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144.500.00				
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(H'an effectiv <u>Note:</u> H'ti	date, if other than the date e date is listed, the date must be sp he date inserted in this block do s effective date on the Departn	wific and cannot be prior to date of filing or mo less not meet the applicable statutory. Thing	(optional) re than 90 days after filing.) Pursuance or requirements, this date will not be	605.0207 (3)(b) listed as the
If the record (b) The 90	I specifies a delayed effe th day after the record is	ctive date, but not an effective til s filed.	me, at 12:01 a.m. on the ea	rHer of:
Dated	Septender d	11 . 2021 . 		
	///A w.A	THE STATE OF A MEMBER OF A MEM	I a member	
	Chrisana Marie Wolf	ℓ^{r}		
		Typed or printed name of signec		

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Filing Fee: \$25.00