

L210000432687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

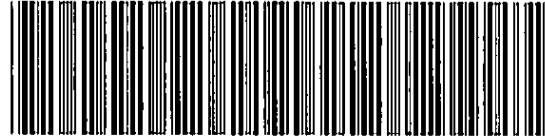
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300373025743

10/18/21--01001--005 **25.00

RECEIVED

2021 OCT 15 PM 4:33

TALLAHASSEE, FL

FILED

2021 OCT 15 AM 11:05

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER
OCT 18 2021

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Violet Avenue, LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 10/15/21 TIME _____

Notes: _____

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

Violet Avenue, 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 October 5, 2021 and assigned
Florida document number L21000432687.

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:

722 Hyannie St. NE

(Principal office address MUST BE A STREET ADDRESS)

Palm Bay, Florida 32907

Enter new mailing address, if applicable:

722 Hyannie St. NE

(Mailing address MAY BE A POST OFFICE BOX)

Palm Bay, Florida 32907

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:

722 Hyannie St. NE

Enter Florida street address

Palm Bay

Florida 32907

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 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>
Manager	Suellen Hampton	722 Hyannie St. NE	<input type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Manager	Steven Hampton	722 Hyannie St. NE	<input type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Pres/Sec/	Suellen Hampton	722 Hyannie St. NE	<input type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Steven Hampton	722 Hyannie St. NE	<input type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (207) (3)(b)

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 10/13 2021

Wm. C. Mansor

Signature of a member or authorized representative of a member

Suellen Hampton

Typed or printed name of signee

Filing Fee: \$25.00