

L21 000520589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

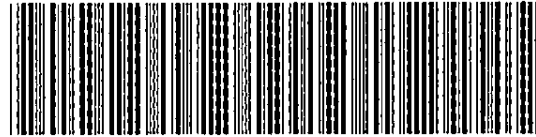
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

On December 20, 2022, Customer brought in his amendment. The amendment was given received date of December 14, 2022. It is the date he re-instated his entity.

AB 12/20/22

Office Use Only



400397348234

11/15/22--01022--007 **60.00

2022 NOV 15 AM 10:50
ALLAHASSEE, FLOR.

2022 DEC 14 PM 3:49
TALLAHASSEE, FLOR.

A. FULLER

DEC 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 24/7 Refurb Solutions, LLC *amended*
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:

Korshan Williams
Name of Person

24/7 Refurb Solutions, LLC
Firm/Company

1619 Lake Ave D-17
Address

Tallahassee Florida 32310
City/State and Zip Code

Koshwz73@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Korshan Williams Sr. at (850) 815-5411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2917 Refurb Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 DEC 14 PM 3:49

The Articles of Organization for this Limited Liability Company were filed on 11/14/2022 and assigned
Florida document number L21000520589

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)

1619 Lake Ave,
D-17 Tallahassee Florida
32310

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1619 Lake Ave
D-17 Tallahassee, Florida
32310

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:

Korshan Williams Sr.

New Registered Office Address:

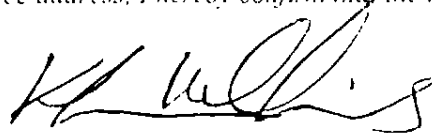
1619 Lake Ave D-17

Enter Florida street address

Tallahassee, Florida 32310
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>
<u>AMBR</u>	<u>Forbing, Brian W</u>	<u>4530 John Bay Lane</u>	<input type="checkbox"/> Add
		<u>Tallahassee FL 32303</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Walker, Stanley</u>	<u>1108 Tanner Dr.</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32305</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Walker, Cheryl</u>	<u>1108 Tanner Dr.</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32305</u>	<input checked="" type="checkbox"/> Remove
			<input 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

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

operating as a (Sole) proprietor
LLC.

E. Effective date, if other than the date of filing: _____ (optional)

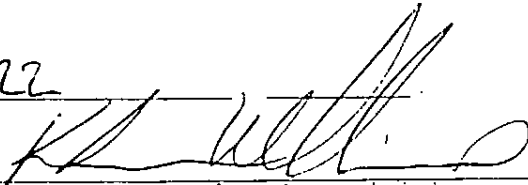
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

11/14/22



Signature of a member or authorized representative of a member

Korshan Williams.

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2022

KURSHAN WILLIAMS
1619 LAKE AVE D-17
TALLAHASSEE, FL 32310

SUBJECT: 24-7 REFURB SOLUTIONS, LLC.
Ref. Number: L21000520589

We have received your document for 24-7 REFURB SOLUTIONS, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOUR AMENDMENT CANNOT BE FILED, BECAUSE OF THE ADMINISTRATIVE DISSOLUTION FOR ANNUAL REPORT. YOU NEED TO PAY YOUR ANNUAL REPORT, BEFORE YOUR AMENDMENT CAN BE FILED.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00025399