

122000058605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

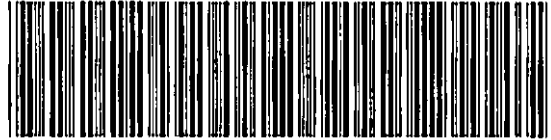
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000383243720

03/18/22--01008--001 **25.00

T. MATTHEWS

MAR 29 2022

22 MAR 17 11:31:13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Not Your Mother, 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:

Rachel Hickey

Name of Person

Firm/Company

405 SE 2nd Ave. Apt 6

Address

Gainesville FL 32601

City/State and Zip Code

monsog1017@gmail.com

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

For further information concerning this matter, please call:

Rachel Hickey

561 339-3585
at ()

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

22 MAY 1983 3:13

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

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>
AMBR	Rachel J Hickey	405 SE 2nd Ave, Suite 6	<input type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert M Latner	4830 NW 43RD ST	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cory V Hudacko	4321 NW 21ST STREET	<input type="checkbox"/> Add
		GAINESVILLE, FL 32605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Timothy B Ratliff	4146 NW 60TH AVE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32653	<input 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.)*

We are only making changes to the title of all our authorized persons.

I made a mistake when initially filling our application. Thank you for your help :)

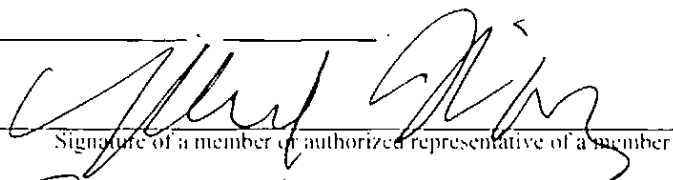
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 3/2/22



Signature of a member or authorized representative of a member

Rachel Hickey

Typed or printed name of signee