

h22000081222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

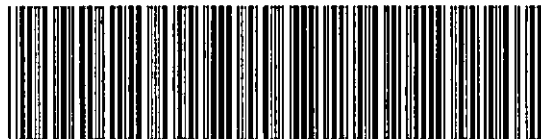
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SECRETARY OF STATE
TALLAHASSEE, FL

2022-08-01 09:11:11

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRSTEN FINLEY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL BELUS

Name of Person

BUSINESS CONTROL SERVICE INC

Firm/Company

3925 S NOVA RD STE 1

Address

PORT ORANGE, FL 32127

City/State and Zip Code

MIKE@BUSINESSCONTROLSERVICE.NET

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

For further information concerning this matter, please call:

MICHAEL BELUS

386 7605454
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

FILED
JUN 11 2007
TALLAHASSEE, FL
SECRETARY OF STATE

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

KIRSTEN FINLEY 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 02/18/2022 and assigned
Florida document number 1.22000081222.

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)

3310 OCEAN SHORE BLVD

ORMOND BEACH, FL 32176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3310 OCEAN SHORE BLVD

ORMOND BEACH, FL 32176

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:

KIRSTEN FINLEY

New Registered Office Address:

3310 OCEAN SHORE BLVD

Enter Florida street address

ORMOND BEACH

City

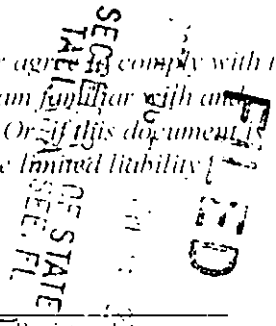
Florida 32176

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.

X Kirsten Finley
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> |
|--------------|----------------|------------------------|--------------------------------------------|
| MGRM | KIRSTEN FINLEY | 3310 OCEAN SHORE BLVD | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32176 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FL

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TALLAHASSEE, FL

FILED
JUN 10 1964
U.S. DEPT. OF JUSTICE
RECORDS SECTION
TALLAHASSEE, FL
SECRETARY OF STATE

(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)

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.

X *Kirsten Finley*
Signature of a member or authorized representative of a member

KIRSTEN FINLEY
Typed or printed name of signee

Filing Fee: \$25.00