

L22000085025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

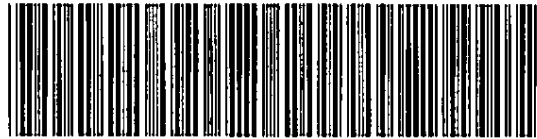
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



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09/13/22--5/031--027 --40.01

22 SEP 13 PM 4:32

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & S Endeavors 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:

Daniel Siper

Name of Person

Firm/Company

1830 Hackberry Street

Address

Clermont, FL 34715

City/State and Zip Code

r_rogers123@yahoo.com

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

For further information concerning this matter, please call:

Robin Siper

432

3523756

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 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

22 SEP 13 PM 4:32

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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

M & S Endeavors 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 February 22, 2022 and assigned Florida document number 1.22000085025.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Robin Siper

New Registered Office Address:

1830 Hackberry Street

Enter Florida street address

Clermont

City

, Florida 34715

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>
MGR	Robin Rogers	1830 Hackberry Street Clermont, FL 34715	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robin Siper	1830 Hackberry Street Clermont, FL 34715	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

22 SEP 13 4:32 PM
FBI - CLERMONT
CLERMONT, FL 34715
CLERMONT, FL 34715
CLERMONT, FL 34715

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

22 SEP 13 PM 4:32

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 September 9, 2022

[Signature]

Signature of a member or authorized representative of a member

Daniel Louis Siper

Typed or printed name of signee

INSTRUMENT#: 2022120022 OR BK 6019 PG 1523 PAGES: 1 9/7/2022 9:48:39 AM
GARY J. COONEY, CLERK OF THE CIRCUIT COURT & COMPTROLLER, LAKE COUNTY, FLORIDA
REC FEES: \$0.00

Department of Health - Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

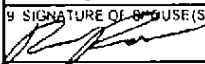


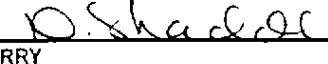

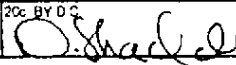
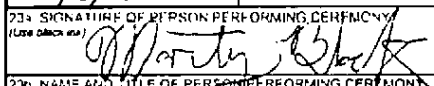
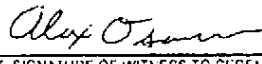

USE BLACK INK

This license not valid unless seal of Clerk
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2022 ML 1333181

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (First, Middle, Last) ROBIN ELIZABETH ROGERS		1b MAIDEN SURNAME (if applicable) ROGERS	
2 DATE OF BIRTH (Month, Day, Year) 08/07/1992			
3a RESIDENCE - CITY, TOWN OR LOCATION CLERMONT	3b COUNTY LAKE	3c STATE FL	4 BIRTHPLACE (State or Foreign Country) TX
5 NAME OF SPOUSE (First, Middle, Last) DANIEL LOUIS SIPER		5b MAIDEN SURNAME (if applicable)	
6 DATE OF BIRTH (Month, Day, Year) 12/04/1995			
7a RESIDENCE - CITY, TOWN OR LOCATION CLERMONT	7b COUNTY LAKE	7c STATE FL	8 Birthplace (State or Foreign Country) NY
I, WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9 SIGNATURE OF SPOUSE (Sign full name using black ink) 		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/25/2022	
11 TITLE OF OFFICIAL GARY J. COONEY, CLERK OF COURT		12 SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. 	
13 SIGNATURE OF SPOUSE (Sign full name using black ink) 		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/25/2022	
15 TITLE OF OFFICIAL GARY J. COONEY, CLERK OF COURT		16 SIGNATURE OF OFFICIAL (Use black ink) BY: D.C. 	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17 COUNTY ISSUING LICENSE LAKE	18 DATE LICENSE ISSUED 08/25/2022 	18a. DATE LICENSE EFFECTIVE 08/28/2022	19 EXPIRATION DATE 10/24/2022
20a SIGNATURE OF COURT CLERK OR JUDGE GARY J. COONEY		20b TITLE CLERK OF THE CIRCUIT COURT	
20c BY D.C. 			
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21 DATE OF MARRIAGE (Month, Day, Year) 9/3/22		22 CITY, TOWN OR LOCATION OF MARRIAGE Eustis, Florida	
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23b ADDRESS (Of person performing ceremony) 1617 Barnbridge st. Philadelphia	
24 NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Martin Black Ordained Minister		24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

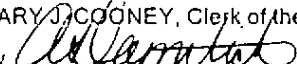


SEAL



I certify that the foregoing is a true and accurate copy of the document as reflected in the Official Records. Portions may be redacted as required by law.
GARY J. COONEY, Clerk of the Circuit Court and Comptroller, Lake County, Florida

By



Deputy Clerk 9/7/2022 9:48:49 AM

Florida DRIVER LICENSE

S160-725-92-787-0 CLASS E

SUPER
ROBIN ELIZABETH
1830 HACKBERRY ST.
CLERMONT, FL 34715-6880

DOB 08/07/1992 SEX F
EXP 08/07/2028 HGT 5'-04"
EYES NONE HAIR NONE

SAFE DRIVER
to 08/15/2020
SDO 0817208000000
REPLACED 08/08/2022

Operation of a motor vehicle constitutes
consent to any statutory test required by law.

