

L22000098855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

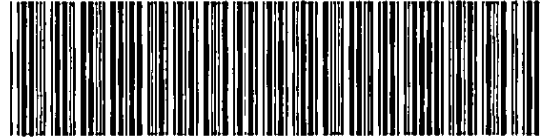
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/18/22--01043--029 \*\*30.00

LLC N/C & Amend

2022 SEP 20 AM 9:07

FILED

A. RAMSEY

SEP 21 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2022

TIFFANY DANIELS  
110 WOODCREST DRIVE APT 116  
SAINT AUGUSTINE, FL 32084

SUBJECT: RENT DRIVE RETURN LLC  
Ref. Number: L22000098855

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 422A00015647

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rent Drive Return LLC  
Name of Limited Liability Company

RECEIVED

2022 MAY 10 AM 7:52

SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Tiffany Daniels  
Name of Person

Firm/Company

110 Woodcrest Drive Unit 116  
Address

Saint Augustine, FL 32084  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Daniels at 754 214-2773  
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

FILED

Bent Drive Return LLC

2022 SEP 20 AM 9:07

(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 2-24-2022 and assigned  
Florida document number L22000098835

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIFFANY DAVIELS PLLC

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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**

[illegible]

\_\_\_\_\_ ☐ Add

[Remove](#)

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

REAFFIRM/REAL ESTATE AGENT

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

9-20-22

Signature of a member or authorized representative of a member

Typed or printed name of signee