

h22000135453

(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



100385214971

04/07/22 -01025- 0L7 \$100.00

FILED

2022 APR -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FL

g 4/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA Billiards 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:

Quianja Yannis Williams
Name of Person

LA Billiards LLC
Firm/Company

38529 5th Ave
Address

Zephyrhills, FL 33542
City/State and Zip Code

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

For further information concerning this matter, please call:

Quianja Williams at (813) 778-7609
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 APR -7 PM 3:39

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/18/2022 and assigned
Florida document number L22000135453.

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**)

38529 5th Ave
Zephyrhills, FL 33542

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

37516 Oakview Cir
Dade City, FL 33523

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:

Quiana Williams

New Registered Office Address:

38032 Postal Dr.

Enter Florida street address

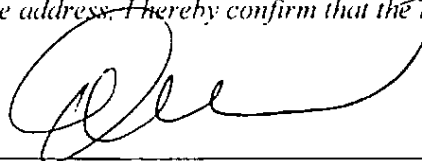
Zephyrhills
City

Florida

33542
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>
AMBR	Quianja Williams	38032 Postal Dr.	<input checked="" type="checkbox"/> Add
		P.O. Box #1573	<input type="checkbox"/> Remove
		Zephyrhills, FL 33542	<input type="checkbox"/> Change
AMBR	Quinson Cason	37516 Oakview Cir	<input type="checkbox"/> Add
		Dade City, FL 33523	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Erica Ranson	37516 Oakview Cir.	<input checked="" type="checkbox"/> Add
		Dade City, FL 33523	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Quisha Williams

Typed or printed name of signee

Filing Fee: \$25.00