

# L22000168004

\_\_\_\_\_  
(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



900404961939

03/27/23--01015--015 \*\*25.00

2023 JUL -5 AM 9:22

FILE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2023

NICOLE V FORD

10618 ECHO LAKE DRIVE  
ODESSA, FL 33556 US

SUBJECT: FORD MANAGEMENT, LLC  
Ref. Number: L22000168004

We have received your document for FORD MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

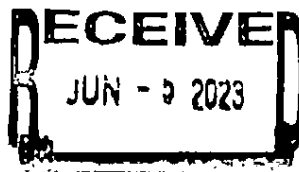
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 123A00011004



2023 JUN - 5 PM 9:22

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FORD MANAGEMENT, 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:

NICOLE V FORD

Name of Person

Firm/Company

10618 ECHO LAKE DRIVE

Address

ODESSA, FL 33556

City/State and Zip Code

THE4DFAM@GMAIL.COM

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

For further information concerning this matter, please call:

NICOLE V FORD

at (727) 776-9991

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

2009 JUN -5 11 09:22

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

FORD MANAGEMENT, 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 04/01/22 and assigned  
Florida document number L22000168004.

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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          | Nicole V. Ford Revocable Trust Agreement dated October 7, 2015, as amended and restated<br>Settlor/Trustor/Trustmaker/Grantor:<br>Nicole V. Ford | 10618 ECHO LAKE DR, ODESSA, FL 33556 | <input checked="" type="checkbox"/> Add    |
|              |  |                                      | <input type="checkbox"/> Remove            |
|              |  |                                      | <input type="checkbox"/> Change            |
| MGR          | NICOLE V FORD  | 10618 ECHO LAKE DR, ODESSA, FL 33556 | <input type="checkbox"/> Add               |
|              |  |                                      | <input checked="" type="checkbox"/> Remove |
|              |  |                                      | <input type="checkbox"/> Change            |
| MGR          |  |                                      | <input type="checkbox"/> Add               |
|              |  |                                      | <input type="checkbox"/> Remove            |
|              |  |                                      | <input type="checkbox"/> Change            |
| MGR          |  |                                      | <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 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.)*

[illegible]

**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. *f*

Dated

dated May 30, 2023

803  
Nicola Tome

Signature of a member or authorized representative of a member

Nicole V Ford

Typed or printed name of signee

2013-01-05 09:22

**Filing Fee: \$25.00**