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(Address)

(Address)

(City/State/Zip/Phone #)

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R. HUNT

04/10/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1611 Holdings 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:

Sara Bytheway

\_\_\_\_\_  
Name of Person

Law Office of Marc A. Austin, P.C.

\_\_\_\_\_  
Firm/Company

3521 North University Avenue #200

\_\_\_\_\_  
Address

Provo, UT 84604

\_\_\_\_\_  
City/State and Zip Code

1611holdings@gmail.com

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

For further information concerning this matter, please call:

Sara Bytheway

801

374-8925

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2023 MAR 10 PM 2:11  
TALLAHASSEE, FL

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

1611 Holdings 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 April 14, 2022 and assigned  
Florida document number 122000178842.

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>
AMBR	450 Holdings LLC	271 E 450 N	<input type="checkbox"/> Add
		Lindon, UT 84042	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leroy Development	1611 E. 2450 S. #5B	<input type="checkbox"/> Add
		Saint George, UT 84780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Knowlton	3565 S. Castlefield Dr.	<input type="checkbox"/> Add
		Washington, UT 84780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Garret Steed	11104 Indian Oaks Drive	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kylie Steed	11104 Indian Oaks Drive	<input type="checkbox"/> Add
		Tampa, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph McCord	271 East 450 North	<input checked="" type="checkbox"/> Add
		Lindon, UT 84042	<input type="checkbox"/> Remove

2023-11-10 PM 2:11  
STATE OF UTAH  
COUNTY OF KANE  
CLERK OF COURT

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JAN 10 PM 2:11  
STATE  
RECEIVED

(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.

Joseph McCord

Joseph McCord, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**