

L220000182572

(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



600396238756

10/24/22--01020--006 **30.00

2022 OCT 24 PM 4:03
COURT REPORT

A. BUTLER
JAN 17 2023

10/20/2022

To The Florida Department of State,

I Nicole Winnik am asking to have my name removed from the business that I'm apart of known as Mayhem Renovations LLC. I do not wish to be bought out whatsoever. Im volunteering my part of the business and releasing it from myself to Jeffrey M Winnik. If possible, please send the Certificate of state to address: 3724 Anvers Blvd Jacksonville, Florida 32210 for safe keeping if not I understand I do still live at 2155 Indigo Ave in Middleburg, Florida 32068

Please send Certificate to: (1st Option)

3724 Anvers Blvd

Jacksonville, Florida 32210

Or to address: (2nd option)

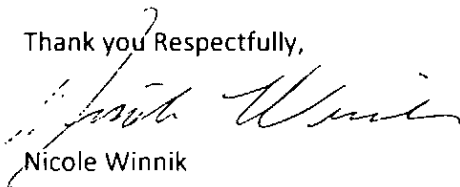
2155 Indigo Avenue

Middleburg, Florida 32068

My Email: Nicolewinnik@gmail.com

My Number: 904-310-2596

Thank you Respectfully,

A handwritten signature in black ink, appearing to read 'Nicole Winnik', is written over the printed name.

Nicole Winnik

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mayhem Renovations 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 M. Winnik
Name of Person

Mayhem Renovations LLC
Firm/Company

2155 Indigo Ave.
Address

Middleburg, FL 32068
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicole M. Winnik at (904) 310-2596
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**

Mayhem Renovations LLC

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

2022 OCT 24 PM 4:03

FILED

STATE

The Articles of Organization for this Limited Liability Company were filed on 4/18/2022 and assigned Florida document number 122000182572

This amendment is submitted to amend the following:

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

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

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

Remove Individual

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Just Removing one business partner-
Nicole M. Winnik

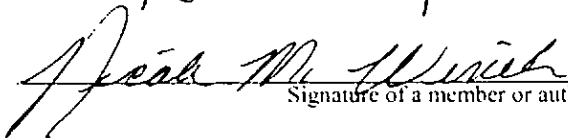
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/30/2022



Signature of a member or authorized representative of a member

Nicole M. Winnik

Typed or printed name of signee