

L22000183802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

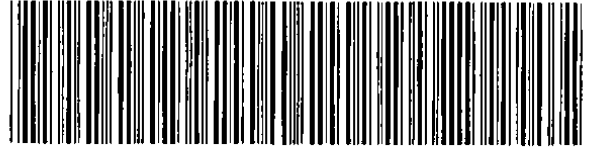
Special Instructions to Filing Officer:

this was found on a desk
there was a note from
6/20/23 to get last page
from Yamine. Document
was rejected on 08/02/23
for last page. So I backed
dated the filing and sent
it back in adm desc for AQ.

Office Use Only

5/3/24
dec.

524-6200.



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FILED

2023 JUN 20 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FL

MAY - 3 2024

D CUSHING

TO: Registration Section
Division of Corporations

SUBJECT: Pierceden Multimedia & Graphics 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:

SONIA CONIVANNE S GORDON-GRAY

Name of Person

PIERCEDEN MULTIMEDIA & GRAPHICS

Firm/Company

4320 W Broward Blvd ste 5

Address

Plantation, FL 33317

City/State and Zip Code

grayleon823@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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 &
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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 20 AM 10:50

FILED

SONIA SUZETTE CONIVANNE GORDON-GRAY
PIERCEDEN MULTIMEDIA & GRAPHICS LLC
4320 WEST BROWARD BLVD STE 5
PLANTATION, FL 3317

06/14/2023

TO WHOM IT MAY CONCERN

Division of Corporation

2415 North Monroe St.

Suite # 810, Tallahassee Fl, 32303

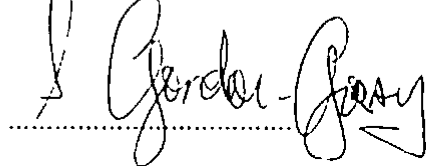
Dear Sir/ Madam;

I am writing this letter as a curtesy to inform you of a missing back page to my amendment form, that was mailed on; 06/13/2023 (yesterday). Please be advised that that USPS parcel contained all other pages and a money order of \$25.00. Please see back page for that document in this USPS mail.

Regards

Sonia Gray

9542974058

A handwritten signature in black ink, appearing to read "Sonia Gray", is written over a horizontal dotted line. The signature is stylized and cursive.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2023

SONIA CONIVANNE S GORDON-GRAY
4320 W BROWARD BOULEVARD
SUITE 5
PLANTATION, FL 33317

SUBJECT: PIERCEDEN MULTIMEDIA & GRAPHICS LLC
Ref. Number: L22000183802

We have received your document for PIERCEDEN MULTIMEDIA & GRAPHICS 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):

The signature page is missing.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 423A00017341

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

PIERCEDEN MULTIMEDIA & GRAPHICS 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 18, 2022 and assigned
Florida document number L22000183802.

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)

5348 ARCHSTONE DR.

APT #201

TAMPA FL 33634

FILED
2023 JUN 20 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL

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:

LEON GRAY

New Registered Office Address:

Enter Florida street address

_____, Florida

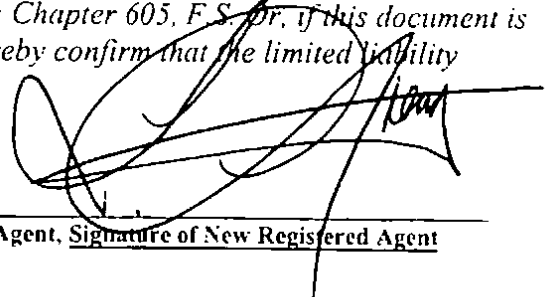
City

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



[illegible]

[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)

Filing Fee: \$25.00