

h22000186252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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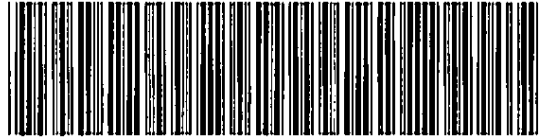
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIMOTHY DALE DANFORD 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:

TIMOTHY D DANFORD

Name of Person

Firm/Company

2371 SE 19 Street

Address

Homestead, Florida 33035

City/State and Zip Code

tdscorpio2012@gmail.com

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

For further information concerning this matter, please call:

TIMOTHY D DANFORD,

786 452-5282
at ()

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

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

TIMOTHY DALE DANFORD 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 04/19/2022 and assigned
Florida document number L22000186252.

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)

2371 SE 19 Street,

Homestead, Florida 33035

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2371 SE 19 Street,

Homestead, Florida 33035

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:**

MARIA APARECIDA LACERDA

New Registered Office Address:

2371 SE 19 STREET

Enter Florida street address

HOMESTEAD

City

, Florida

33035

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.

Maria Aparecida Lacerda
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	Timothy Dale Danford	2371 SE 19 Street.	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA APARECIDA LACERDA	2371 SE 19 Street.	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Filing Fee: \$25.00