

L22000226740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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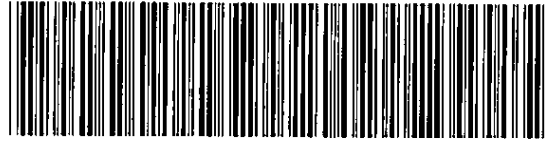
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Number City Processing 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:

Shellee Payne Dimmick

Name of Person

Number City Processing LLC

Firm/Company

1106 Swaying Sawgrass Ave

Address

Ruskin, FL 33570

City/State and Zip Code

Dimmickx4@gmail.com

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

For further information concerning this matter, please call:

Shellee Payne Dimmick

801 318-5295

Name of Person

at ()

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

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

Number City Processing 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 May 16th, 2022 and assigned
Florida document number L22000226740.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: No Name Change

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)

1106 Swaying Sawgrass Ave

Ruskin, FL 33570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1106 Swaying Sawgrass Ave

Ruskin, FL 33570

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:

Shellee Payne Dimmick

New Registered Office Address:

1106 Swaying Sawgrass Ave

Enter Florida street address

Ruskin

Florida 33570

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	Shellee Payne Dimmick	1106 Swaying Sawgrass Ave	<input checked="" type="checkbox"/> Add
		Ruskin, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nathan M Payne	6108 55th Avenue Cir E	<input type="checkbox"/> Add
		Bradenton FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change of Ownership - Shellee will be sole member of LLC. Nathan will no longer be an authorized member, nor have ownership/member interest in Number City Processing LLC.

E. Effective date, if other than the date of filing: January 1, 2024, 12:01 AM (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 60207 (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 DECEMBER 20 2023

Nathan M Payne

Signature of a member or authorized representative of a member

Nathan M Payne

Typed or printed name of signer