

122000279483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

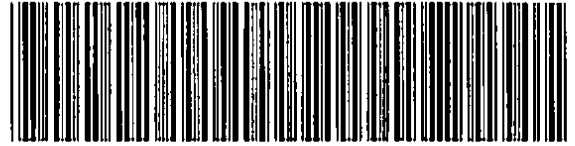
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

PB HUCKSTEP 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:

Paul Huckstep

Name of Person

Firm/Company

1703 Magnolia Ave A-23

Address

Paulhuckstep15@gmail.com

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

For further information concerning this matter, please call:

Paul Huckstep or Pam Hunt at (352) 275 1158
612 619 4327

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**

ARTICLES OF THIS AMENDMENT SUBMITTED TO THE STATE OF FLORIDA BY THE REGISTERED AGENT
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 20, 2022 and assigned Florida document number L22000279483

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)

1703 Magnolia Ave A-23

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1703 Magnolia Ave

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:

Paul Brent Huckstep

1703 Magnolia Ave A-23

Daytona Beach Florida 32119
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 filed with the state, the company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2022 JUN 19 AM 12:17
SECRETARY OF STATE
TALLAHASSEE, FL

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

I Simply need to be able to open a bank account for my LLC. So I can be paid. I need this to reflect on Sunbiz.org as an owner.

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 August 16th 2022

Paul Brent Hookstep

Typed or printed name of signee