

422000281700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

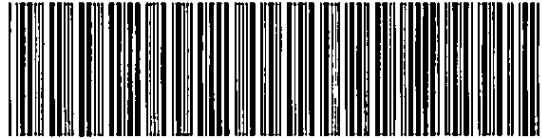
(Business Entity Name)

(Document Number)

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OFFICE OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Trusted Table

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:

Rhonda Gilliam

Name of Person

Trusted Table

Firm/Company

300 Ash St.

Address

Fernandina Beach, FL 32034

City/State and Zip Code

gilliam135@bellsouth.net

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

For further information concerning this matter, please call:

Rhonda Gilliam

Name of Person

at

(407)

Area Code

993-6781

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**

Invested Table 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 6/21/2022 and assigned Florida document number L22000281700

This amendment is submitted to amend the following:

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

Invested Table LLC
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)

300 Ash St.
Fernandina Beach, FL
32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 Ash St.
Fernandina Beach, FL 32034

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:

Rhonda Hillman

New Registered Office Address:

300 Ash St.

Enter Florida street address

Fernandina Beach, Florida

City

32034
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.

Rhonda Hillman

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>
Manager	Dustin Hillman	78 Daniel Creek	<input type="checkbox"/> Add
		St. Augustine Fl. 32095	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Rhonda Hillman	300 ash St.	<input checked="" type="checkbox"/> Add
		Fernandina Beach Fl.	<input type="checkbox"/> Remove
		32034	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

the address changed, and I
put my son as owner - I thought
I was putting him down in case
anything happen to me. - I Rhonda
Gilliam am 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 9/11 2022

Rhonda Gilliam

Signature of a member or authorized representative of a member

Rhonda Gilliam

Typed or printed name of signee