

L22000284203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
FILING OFFICE

*[Handwritten signature]*

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Postcarding Life 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:

Karen Struck

Name of Person

Firm/Company

2665 Attleboro Place

Address

Apopka, FL 32703

City/State and Zip Code

struckmath8@gmail.com

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

2023 JAN -4 AM 11:00  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Karen Struck

407 617-4043

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**

Postcarding Life 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 June 22, 2022 and assigned  
Florida document number 1.22000284203.

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)**

Karen Struck

2665 Attleboro Place

Apopka, FL 32703

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Karen Struck

2665 Attleboro Place

Apopka, FL 32703

**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:

Karen Struck

New Registered Office Address:

2665 Attleboro Place

*Enter Florida street address*

Apopka

*City*

**Florida**

32703

*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.*

*Karen Struck*

**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	Brenda Gearhart	11112 Amber Ridge Drive	<input type="checkbox"/> Add
		Zellwood, FL 32798-5415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen Struck	2665 Attleboro Place	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2023 JAN -4 AM 11:01  
SUN  
FALL MAJESTY  
ELECTED

2023 JAN -4 AM 11:01  
ST. LOUIS  
FALL AIRBASE ETC MOA

2023 JAN - 1	AM 11:01
SI	
ITALIA	

(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.

Dated December 29, 2022

Brenda L. Garhart

Signature of a member or authorized representative of a member

Brenda Gearhart

Typed or printed name of signee