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SECRETARY OF STATE

COVER LETTER

	te Land Clearing Service LLC Name of Lim	ited Liability Company			
		,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jessie White				
		Name of Person		-	
	Jessie White Land Clearin	g Service LLC		_	
		Firm/Company			
	401 NW Stephens Street -	P.D. Box 4			
		Address		••	
	Steinhatchee, Fl. 32359			_	
		City/State and Zip Code			
	sdpd31@hotmail.com				
For further information c	concerning this matter, please c	to be used for future annual report notifica	ation)	2022 SEI SECRET	ا ا
Jessie White		at (850) 371-0202		P-6	elements:
Name o	f Person	Area Code Daytime T	elephone Numbe		
Enclosed is a check for the	he following amount:			는 사람 전	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:

TO:

Registration Section **Division of Corporations**

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

Jessie White Land Clearing Service LLC		
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records. ida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability	Company were filed on 07/06/2022	and assigned
Florida document number L22000302264		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		202 SE
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the aboreviation,"L.L:C3"
Enter new principal offices address, if applicable:		77
Principal office address MUST BE A STREET ADI	DRESS)	SA P
		mon to
		75 5
nter new mailing address, if applicable:		· · ·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		he name of the new register
gent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	Name	Address	Type of Action
-MGR	Jessie White	P. C. 401 Stephens Street Box 4 Steinhatchee, FL 32359	= Add
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			□Remove
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ffectiv	ve date, if other	than the date	of filing	. 07/06/20)22			(option	al)		
an effe l <u>ote:</u> l	extive date is listed, the first inserted ent's effective date	ne date must be spe in this block do	ecific and open not me	cannot be precedent	rior to date o olicable stat	f filing or mo autory filing	re than 90 day	s after fil	ing.) Purs	suant to 6 not be li	605.0203 isted as
record is file	l specifies a delaye ed.	d effective date.	, but not a	ın effective	e time, at 1	2:01 a.m. o	n the earlier	of: (b)	The 90t	h day ai	fter the
ated _	September 1		,	2022	·						
	Jess	1 2/h.	·1	,							
	- Wellen	Signat	ure of a m	ember or au	uthorized re	resentative of	f a member				
					•						