

L220000359246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

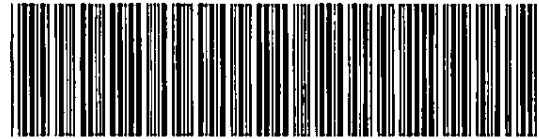
(Business Entity Name)

(Document Number)

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800394203798

LLC<sup>NO</sup> & Amend

2022 SEP 12 AM 8:02

2022 SEP 12 AM 8:02

FILED

A. RAMSEY

DEC -7 2022

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Ann Stoddard McCullen 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:

Ann Stoddard Broudy (formerly Ann Stoddard McCullen - got married)

Name of Person

Firm/Company

5128 Foliage Way

Address

Saint Augustine, FL 32092

City/State and Zip Code

mccullenann@gmail.com

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

For further information concerning this matter, please call:

Ann Stoddard Broudy (formerly Ann Stoddard McCullen)

904 at ( )

307-7167

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**

Ann Stoddard McCullen LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 SEP 12 AM 8:02

The Articles of Organization for this Limited Liability Company were filed on 8/15/22 and assigned  
Florida document number L22000359246.

This amendment is submitted to amend the following:

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

Ann Stoddard Broudy 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:**

Same at 5128 Foliage Way, Saint Augustine, FL 32092

**(Principal office address MUST BE A STREET ADDRESS)**

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

Same at 5128 Foliage Way, Saint Augustine, FL 32092

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

**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:

Ann S. Broudy

New Registered Office Address:

5128 Foliage Way

*Enter Florida street address*

Saint Augustine

*City*

Florida 32092

*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



[illegible]

(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)

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 \_\_\_\_\_, \_\_\_\_\_.

Ann Stoddard Broudy

Typed or printed name of signee