

L22000360489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

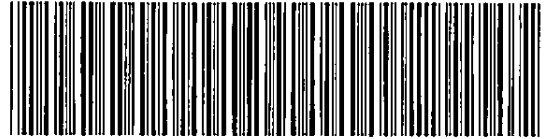
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 MAY 29 AM 10:11

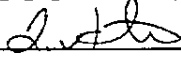
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 29 PM 4:00

U.S. DEPARTMENT OF JUSTICE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 _____
AUTHORIZATION SIGNATURE:  _____
MAILBOX MONEY TEAM LLC L22000360489
BUSINESS (Name) Document #

___ Walk in
___ Mail out
___ Photocopy
___ Certified Copy
___ Certificate of Status
___ Pick up time _____
___ Will wait

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ CORP
___ LLLP
___ INC

OTHER FILINGS

___ Annual Report
___ Fictitious Name Cancel
___ APOSTIL () _____
Country

AMMENDMENTS

X Amendment
___ Resignation of Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Dissolution/ Reinstatement/Revocation
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MAILBOX MONEY TEAM 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:

TABITHA A. TAYLOR, ESQ.

Name of Person

BRYANT TAYLOR LAW PLLC

Firm/Company

261 N. UNIVERSITY DRIVE, SUITE 500

Address

PLANTATION, FL 33324

City/State and Zip Code

INFO@SBTTLAW.COM

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

For further information concerning this matter, please call:

TABITHA A. TAYLOR, ESQ. at (**954**) **282-9331**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2024 MAY 29 AM 10:11

MAILBOX MONEY TEAM LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/16/2022 and assigned
Florida document number L22000360489.

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE MCABEE FAMILY TRUST	1445 Sadler Rd. #1026 Fernandina Beach, FL 32034	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LARRY MCABEE	1445 Sadler Rd. #1026 Fernandina Beach, FL 32034	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KRISTIN MCABEE	1445 Sadler Rd. #1026 Fernandina Beach, FL 32034	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

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TALLAHASSEE, FLORIDA

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 **MAY 24** 2024

L McAbee

Signature of a member or authorized representative of a member

LARRY MCABEE, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

Doc ID: 3e1d778bad9fa99dff203171d9fde8424877e48e