

L2200316870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

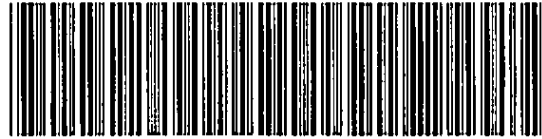
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/23--01033--003 **25.00

3/15/23

V.W.

FILED
2023 JAN -3 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FL

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
1450 Vassar St
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Tuesday, December 20, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment
For SIDESCHIK, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles
of Organization to the address below:**

Processing Department
1450 Vassar St
Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDESCHIK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return invoice/paidence concerning this matter to the following:

Corporate Maintenance Lead

Name of Person

Processing Department

For Company

1450 Vassar St

Address

Reno, NV 89502

City, State and Zip Code

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

For further information concerning this matter, please call:

Processing Department

Name of Person

at 800

Area Code

638-2320

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 COURIER ADDRESS:

Registration Section
Division of Corporations
Clinton Building
2001 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDESCHIK, LLC

Name of Limited Liability Company

The enclosed Articles of Association will be filed on behalf of said

Please return all correspondence concerning this matter to the following:

Corporate Maintenance Lead

Name of Person

Processing Department

Firm Company

1450 Vassar St

Address

Reno, NV 89502

City, State and Zip Code

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

For further information concerning this matter, please call

Processing Department

Name of Person

at 800

Area Code

638-2320

Daytime Telephone Number

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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 627
Tallahassee, FL 32314

STREET COURIER ADDRESS:
Registration Section
Division of Corporations
Union Building
2001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SIDESCHIK, LLC

Name of the Limited Liability Company, as it now appears on our records.

The Articles of Organization for this Limited Liability Company recorded on 12/08/22 and assigned
Florida Document number: L22000516870

The amendment submitted to amend the following:

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

The following is the proposed new name: _____

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6001 Argyle Forrest Blvd Suite 245 Pmb 002

Jacksonville

FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6001 Argyle Forrest Blvd Suite 245 Pmb 002

Jacksonville

FL 32244

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 address:

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept my 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. On _____ if this document is being used 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>
MGR	Danielle Harrell	6601 Arroyo Farnat Blvd Suite 21 P.O. Box 162	☐ Add
		Jacksonville	☐ Remove
		FL 32244	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: _____

E. Effective date, if other than the date of filing: N/A (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 (Paragraph 604(1), 607(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 effective or 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:
(a) The 90th day after the record is filed.

Dated

September 16, 2022

Danielle Harrell

Signature of filer or filer's authorized representative of a member

Danielle Harrell

Typed or printed name of filer