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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

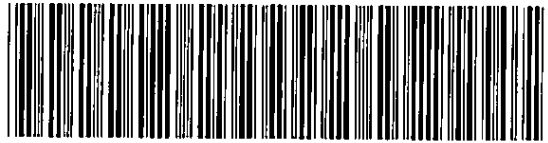
(Business Entity Name)

(Document Number)

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See 7/1/24 Statement of Fact

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MISS AMERICA COMPETITIONS, 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:

GLENN F. STRAUB
Name of Person

MISS AMERICAN COMPETITIONS, LLC
Firm/Company

11199 POLO CLUB ROAD
Address

WELLINGTON, FLORIDA 33414
City/State and Zip Code

STRAUBPOLO@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN F. STRAUB at (561) 596-9500
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MISS AMERICA COMPETITIONS, 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 12/28/2022 and assigned
Florida document number 1.23000003074.

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)

11199 POLO CLUB ROAD

WELLINGTON, FLORIDA 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11199 POLO CLUB ROAD

WELLINGTON, FLORIDA 33414

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:

GLENN F. STRAUB

New Registered Office Address:

11199 POLO CLUB ROAD

Enter Florida street address

WELLINGTON

City

Florida

33414

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> |
|--------------|-----------------|---------------------------|--|
| MGR | ROBIN FLEMING | 12490 SUNNYDALE DRIVE | <input checked="" type="checkbox"/> Add |
| | | WELLINGTON, FLORIDA 33414 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GLENN F. STRAUB | 11199 POLO CLUB ROAD | <input checked="" type="checkbox"/> Add |
| | | WELLINGTON, FLORIDA 33414 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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)