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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

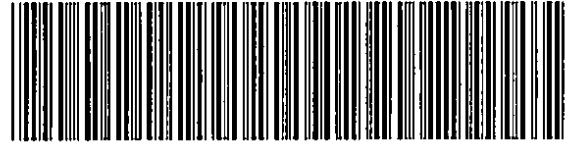
(Business Entity Name)

(Document Number)

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2023 MAY -8 AM 9:50
OFFICE OF THE CLERK
STATE OF TEXAS

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAD INDUSTRIES 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:

Charles L Whitfield Jr

Name of Person

Firm/Company

1144 Ravana Dr

Address

Orlando 32822

City/State and Zip Code

Charles.lumont@gmail.com

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

For further information concerning this matter, please call:

Charles L Whitfield Jr

Name of Person

at (407)

Area Code

687-8984

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**

LAD INDUSTRIES 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 March 6, 2023 and assigned Florida document number L23000117663.

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)

FILED
2023 MAY - 8 AM 9:50
SECRETARY OF STATE

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:

Charles L Whitfield Jr

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>
<u>RA</u>	<u>Charles L Whitfield</u>	<u>7744 Ravana Dr</u>	<input type="checkbox"/> Add
		<u>Orlando FL, 32822</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ambr</u>	<u>Charles L Whitfield Jr</u>	<u>7744 Ravana Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando FL, 32822</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[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 41-8-2023



Signature of a member or authorized representative of a member

Charles L Whitfield

Typed or printed name of signee

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>
<u>RA</u>	<u>Charles L Whitfield</u>	<u>7744 Ravana Dr orlando FL 32822</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Charles L Whitfield Jr</u>	<u>7744 Ravana Dr</u>	<input checked="" type="checkbox"/> Add
		<u>orlando FL, 32822</u>	<input type="checkbox"/> Remove
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