

L23000365041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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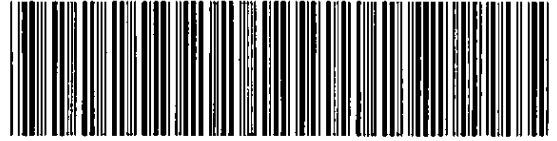
(Business Entity Name)

(Document Number)

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2023 AUG -8 AM 10:40
FILE
SECRET

8/24/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.D. Bell, 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:

Tamara Dorothy Bell
Name of Person
T.D. Bell, LLC
Firm/Company
1900 W. Oakland Park Blvd. #9424
Address
Oakland Park, FL 33310
City/State and Zip Code
tdbell.llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Dorothy Bell at (754) 779-0722
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**

T.D. Bell, LLC

2023 AUG -8 AM 10:40

(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 Sept 5 2023 and assigned
Florida document number L 23000365041 08/03/2023

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)

1900 W. Oakland Park Blvd. #9424
Oakland Park, FL 33310

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 W. Oakland Park Blvd. #9424
Oakland Park, FL 33310

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:

Tamara D. Bell

New Registered Office Address:

1900 W. Oakland Park Blvd. #9424

Enter Florida street address

Oakland Park

City

Florida

33310

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.

T Bell

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>Tamara D. Bell</u>	<u>1900 W. Oakland Park Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>#9424 Oakland Park, FL 33310</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	<u>United States Corporation</u>	<u>476 Riverside Ave.</u>	<input type="checkbox"/> Add
	<u>Agents, Inc.</u>	<u># 303</u>	<input checked="" type="checkbox"/> Remove
		<u>Jacksonville, FL 32202</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated August 05, 2023

Beal

Signature of a member or authorized representative of a member

Tamara D. Bell

Typed or printed name of signee