

L23 000 373 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

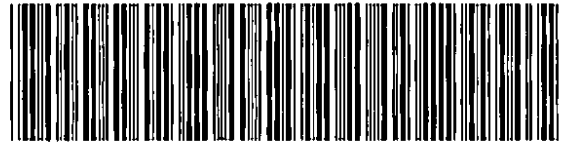
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OFFICE OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chimes Beyond The Rainbow Funeral Consultants, 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:

Kecia Lenore Davis

\_\_\_\_\_  
Name of Person

Chimes Beyond The Rainbow Funeral Consultants, LLC.

\_\_\_\_\_  
Firm/Company

360 Kimberly Forest Court

\_\_\_\_\_  
Address

Atlanta, Georgia 30349

\_\_\_\_\_  
City/State and Zip Code

chimesbeyondtherainbow@gmail.com

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

For further information concerning this matter, please call:

Kecia Lenore Davis

678

755-4438

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

Chimes Beyond The Rainbow Funeral Consultants, 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 08/09/2023 and assigned  
Florida document number 1.23000373336.

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)**

94 West Underwood Street

Orlando, Florida

32806

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

360 Kimberly Forest Court

Atlanta, Georgia

30349

**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:

Kecia Lenore Davis

New Registered Office Address:

4727 Walden Circle, Apt # 758

*Enter Florida street address*

Orlando

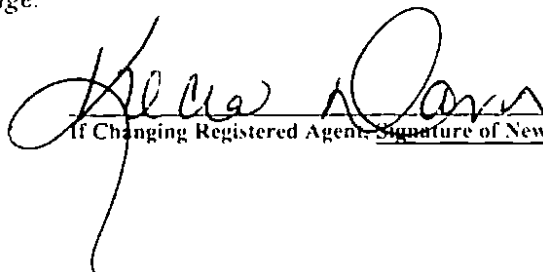
*City*

Florida 32811

*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	Derwin Tremayne Williams	1881 Derrill Drive	<input type="checkbox"/> Add
		Decatur, Georgia 30032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ar	DeVon Fitts	1881 Derrill Drive	<input type="checkbox"/> Add
		Decatur, Georgia 30032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ar	Garrett Todd	1881 Derrill Drive	<input type="checkbox"/> Add
		Decatur, Georgia 30032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ar	Quammell Pittman	728 Pinewood Park Boulevard	<input checked="" type="checkbox"/> Add
		Macon, Georgia 31210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Tanya Rowls	4727 Walden Circle, Apt # 758	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Amos Jerome Foster, Jr.	5405 Silver Star Road	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Kecia Lenore Davis - Owner and Registered Agent has:

Email - kecia1671davis@gmail.com

Email - chimesbeyondtherainbow@gmail.com

Derwin Tremayne Williams - remove completely

DeVon Fitts - remove completely

Garrett Todd - remove completely

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

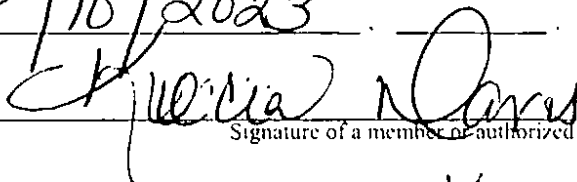
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

8/10/2023



Signature of a member or authorized representative of a member

~~Derwin Tremayne Williams~~

Kecia Davis

Typed or printed name of signee

**Filing Fee: \$25.00**