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COVER LETTER

TO: Registration Division of C			\$	(4'
	Kirk, LLC			1	
SUBJECT: &	Name of Lir	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Belinda Kirk				
		Name of Person			
	Belinda Kirk, LLC				
		Firm/Company		_	_
	85677 Stonehurst Parkwa	y		2023 OCT - 6)
	<u> </u>	Address		130	
	Fernandina Beach FL 320	34		-6	5.5 5.7
	· · · · · ·	City/State and Zip Code		PH	.;⊆ ⊃.
	b.kirk41@hotmail.com			5	ラコンサンマン TIOXのスコークラ しょうしょう
	E-mail address:	to be used for future annual report notific	cation)	25	51 20
For further information	concerning this matter, please of	all:			
Belinda Kirk		904 515-8900			
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 Addr	ess:	Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Belinda Sells Florida, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 08	/10/2023	_ and assigne	:d
Florida document number L23000375809				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company h	ere:		
Belinda Kirk, LLC				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the o	lesignation "LLC" or the abbre	viation "L.L.C."	,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX))23	<u></u> 2
			<u> </u>	
B. If amending the registered agent and/or registered	office address on our r	ecords, enter the name o	of the new re	zisterec
agent and/or the new registered office address here:			≚	15.52 15.23 15.24
Maria (N) Barra da			5	걸
Name of New Registered Agent:				- 75
New Registered Office Address:	F-t L'Io	rida street address		
	Enter Floi	riaa sireei aaaress		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	•		inp cour	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this of mplete performance of ent as provided for in (my duties, and I am fan Chapter 605, F.S. Or, if	niliar with an this documen	d

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>	Address	Type of Action
			Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as	(3)(b the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on ecord is filed.	the earlier of: (b) The 90th day after the	
Dated September 13 2023		

Filing Fee: \$25.00

Typed or printed name of signee