

L230000496303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

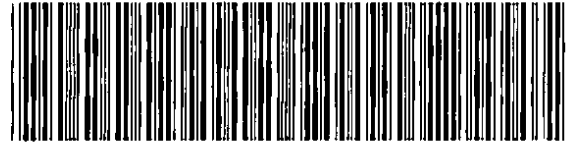
(Business Entity Name)

(Document Number)

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12/14/23
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2023/12/14 3:30 AM
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 FOLD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFERY SAFFOLD

Name of Person

10 FOLD LLC

Firm/Company

18331 PINES BLVD UNIT#161

Address

PEMBROKE PINES FLORIDA 33029

City/State and Zip Code

10foldj@proton.me

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

For further information concerning this matter, please call:

Jeffery Saffold

813

438-9051

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)

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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**

10 FOLD 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 10/31/23 and assigned
Florida document number L23000496303.

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)

18331 PINES BLVD UNIT # 161

PEMBROKE PINES FLORIDA 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18331 PINES BLVD UNIT # 161

PEMBROKE PINES FLORIDA 33029

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:

JEFFERY SAFFOLD

New Registered Office Address:

18331 PINES BLVD UNIT # 161

Enter Florida street address

PEMBROKE PINES

City

Florida 33029

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.

Jeffrey saffold

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	JEFFERY SAFFOLD	18331 PINES BLVD UNIT 161	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FLORIDA 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	10 FOLD TRUST	18331 PINES BLVD PMB 160	<input type="checkbox"/> Add
		PEMBROKE PINES FLORIDA 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE REMOVE IO FOLD TRUST AS THE REGISTERED AGENT AND MAKE JEFFERY SAFFOLD
THE REGISTERED AGENT.

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 605.02(b)(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 11/16 23

Jeffrey saffold

Signature of a member or authorized representative of a member

JEFFERY SAFFOLD

Typed or printed name of signer

Filing Fee: \$25.00