

L23000500253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

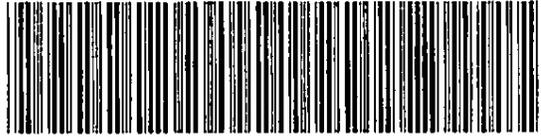
(Business Entity Name)

(Document Number)

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STATE

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2024 JUL 17 PM 4:09  
TALLAHASSEE, FLORIDA

R. HUNT  
7/17/24

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon  
(850) 524-5437 Teresa  
(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$25.00**

**Authorization Signature:** James Sullivan

**Business Name:** SUBSTANCE LLC

**Document #** L23000500253

Certified Copy  
 Certificate of Status

**NEW FILINGS**

&

**AMENDMENTS**

Profit Corp  
 Not for Profit  
 Limited Liability  
 Domestication  
 LLLP  
 Corp  
 Inc  
 Other

Amendment  
 Resignation / Dissociation  
 Change of Registered Agent  
 Revocation of Dissolution  
 Merger  
 Articles of Conversion  
 Amended & Restated Articles of Incorporation  
 Statement of Authority

**APOSTILLE(s)**

&

**OTHER FILINGS**

Apostille(s)  
 Country(s)

Foreign Filing  
 Reinstatement  
 Qualification  
 Fictitious Name  
 Annual Report

EXAMINER'S INITIALS: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUBSTANCE 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:

KYLE SELLERS

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

SUBSTANCE LLC

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

480 NE 31st St #3705

\_\_\_\_\_  
Address

MIAMI, FL 33137

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

ksellers121@icloud.com

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

For further information concerning this matter, please call:

KYLE SELELRS

917

242-2578

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

CLERK OF STATE  
TALLAHASSEE, FL

2011 JUN 17 AM 8:46

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUBSTANCE 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 NOVEMBER 2, 2023 and assigned Florida document number L23000500253.

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 "LLC."

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)

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TALLAHASSEE, FL

**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: \_\_\_\_\_

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>
AMBR	KYLE SELLERS	480 NE 31St ST	<input checked="" type="checkbox"/> Add
		#3705	<input type="checkbox"/> Remove
		AMBR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

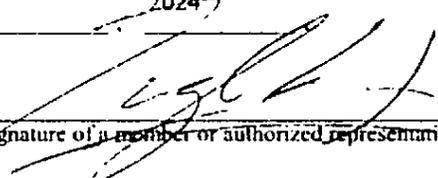
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY 17 2024

  
Signature of a member or authorized representative of a member

KYLE SELLERS

Typed or printed name of signee