

123000509855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

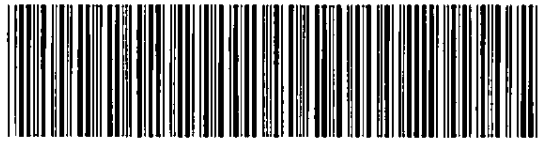
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200418935022

11/15/23--01022--003 **25.00

12/15/23

FILED
2023 NOV 15 AM 8:26
STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Somerheld, 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:

Cassie Long

Name of Person

South Walton Law, P.A.

Firm/Company

36468 Emerald Coast Parkway, Unit 6101

Address

Destin, FL 32541

City/State and Zip Code

cassie@southwaltonlaw.com

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

For further information concerning this matter, please call:

Cassie Long

Name of Person

850 837-0155
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2023 NOV 15 AM 8:26
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Somerheld, 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 11/09/2023 and assigned
Florida document number 123000509855.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	Lisa Layne Held Irrevocable Trust	101 Hilltopper Way	<input type="checkbox"/> Add
		Glasgow, KY 42141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lisa Layne Held	101 Hilltopper Way	<input checked="" type="checkbox"/> Add
		Glasgow, KY 42141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tiffany Layne Somerville Irrevocat	3641 Finney Road	<input type="checkbox"/> Add
		Glasgow, KY 42141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tiffany Layne Somerville	3641 Finney Road	<input checked="" type="checkbox"/> Add
		Glasgow, KY 42141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 26
 8:26 AM
 OFFICE OF THE
 STATE
 ATTORNEY
 KY
 KY STATE

Typed or printed name of signee