

L24000010419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

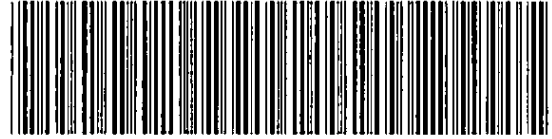
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10/21/2024
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Anissa Butler
Amendment Section



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2024 NOV 15 PM 4:01
TALLAHASSEE, FL
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anita Trunnell Realtor 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:

Anita Trunnell
Name of Person

Firm/Company

4411 Strawberry Rd #23358
Address

Jacksonville FL 32241
City/State and Zip Code

Anita@TruAnita.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Trunnell at (904) 775-9546
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

Anita Trunnell Realtor 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 1.3.2025 and assigned Florida document number L24000010419.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anita Trunnell LLC
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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A Florida N/A
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.

N/A
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>
	N/A	N/A	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
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	N/A		<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2024

ANITA TRUNNELL
4411 SUNBEAM RD #23358
JACKSONVILLE, FL 32241

SUBJECT: ANITA TRUNNELL, REALTOR LIMITED LIABILITY COMPANY
Ref. Number: L24000010419

We have received your document for ANITA TRUNNELL, REALTOR LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE MISSING THE SIGNATURE PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 024A00023944