

L24000068642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

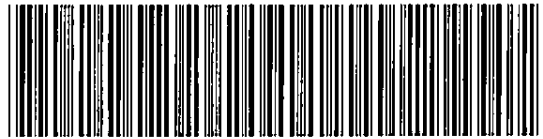
(Document Number)

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07/16/24--01018--010 \*\*25.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANOTHER CHANCE YOUTH MENTORING PROGRAM 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:

Brandy Wells

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

ANOTHER CHANCE YOUTH MENTORING PROGRAM LLC

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

183 Conch Dr

\_\_\_\_\_  
Address

Poinciana, FL 34759

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

Brandywells25@yahoo.com

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

For further information concerning this matter, please call:

Brandy Wells

786

326-0954

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

B. Wells  
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>
CEO	Brandy Wells	183 Conch DR.	<input checked="" type="checkbox"/> Add
		Poinciana, Fl 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jermain Wells	183 Conch Dr	<input checked="" type="checkbox"/> Add
		Poinciana, fl 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated 07/09 \_\_\_\_\_, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**