

L24 000 126729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

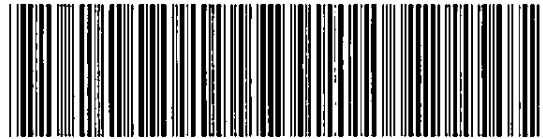
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

APR - 1 2024

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300426171493

03/26/24--01021--037 **25.00

FILED
24 MAR 26 PM 2:11
CLERK OF SUPERIOR COURT
JULIA A. HARRIS, CLERK

SUBJECT: Everything Bedd 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:

Kristy Guyton
Name of Person

Firm/Company

9311 se maricamp rd unit 430
Address

Dcala, fl 34472
City/State and Zip Code

Kristyguyton@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Guyton at (352) 652-9242
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

Everything Bedd LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
24 MAR 26 PM 2:11
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/13/2024 and assigned
Florida document number L24000126729.

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

AVIDA - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Heenan Guyton Jr.	9311 se maricamp	<input type="checkbox"/> Add
		rd unit 430	<input checked="" type="checkbox"/> Remove
		Ocala, Fl 34472	<input type="checkbox"/> Change
MGR	Christy Guyton	9311 se maricamp	<input checked="" type="checkbox"/> Add
		rd unit 430	<input type="checkbox"/> Remove
		Ocala, Fl 34472	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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