

L24 000 151 044

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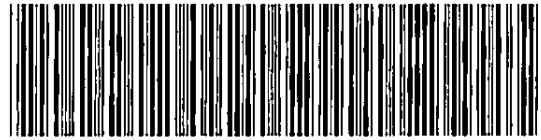
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPAL FAITH FERRON 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:

Opal F Ferron

Name of Person

Firm/Company

3234 NW 84th Ave # 332

Address

Sunrise, FL 33351

City/State and Zip Code

ofernferron@gmail.com

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

For further information concerning this matter, please call:

Opal F Ferron

Name of Person

at (954)

Area Code

850-6045

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

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

OPAL FAITH FERRON 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 March 28, 2024 and assigned
Florida document number L24000151044.

This amendment is submitted to amend the following:

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

ROXROY & OPAL FAITH 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City

_____, Florida

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

AMBR = Authorized Member

[illegible]

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

N/A

[illegible]


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 6/19/2024

Declassified by

 DATE 12-22-2011

Signature of a member or authorized representative of a member

Opal F Ferron

Typed or printed name of signee

Filing Fee: \$25.00

Certificate Of Completion

Envelope Id: B806CD32493F4DDA935C7B914341000E		Status: Completed
Subject: Complete with Docusign: Opal Faith Ferron LLC Amendment Form		
Source Envelope:		
Document Pages: 4	Signatures: 1	Envelope Originator:
Certificate Pages: 4	Initials: 0	Erika Torres-Salinas
AutoNav: Enabled		erikats@fenfuture.com
EnvelopeId Stamping: Enabled		IP Address: 73.139.211.231
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		


Record Tracking

Status: Original	Holder: Erika Torres-Salinas	Location: DocuSign
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Signer Events

Opal F Ferron
 oferron@gmail.com
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

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 Signed using mobile

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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/19/2024 6:15:22 PM
Certified Delivered	Security Checked	6/19/2024 6:17:40 PM
Signing Complete	Security Checked	6/19/2024 6:19:11 PM
Completed	Security Checked	6/19/2024 6:19:11 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		