

L24 000 151 044

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

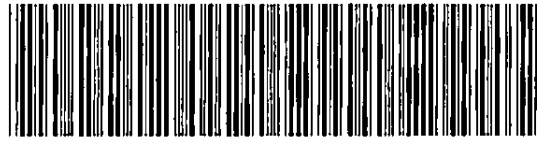
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500432057855

06/26/24--01025--005 **30.00

FILED
2024 JUN 26 PM 2:21

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 at (954) 850-6045
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

**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)

FILED
2024 JUN 26 PM 2:2

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

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

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
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Erika Torres-Salinas
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	erikats@fenfuture.com
	IP Address: 73.139.211.231

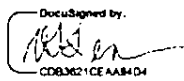
Record Tracking

Status: Original	Holder: Erika Torres-Salinas	Location: DocuSign
6/19/2024 5:50:21 PM	erikats@fenfuture.com	

Signer Events

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

Signature



Signature Adoption: Drawn on Device
 Using IP Address: 75.220.19.127
 Signed using mobile

Timestamp

Sent: 6/19/2024 6:15:22 PM
 Viewed: 6/19/2024 6:17:40 PM
 Signed: 6/19/2024 6:19:11 PM

Electronic Record and Signature Disclosure:
 Accepted: 6/19/2024 6:17:40 PM
 ID: 5b44364a-4ed9-4b1d-9c57-e566d7556eec

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