

L24000153162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

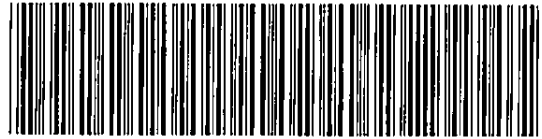
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 17 PM 4:21

FILED

DATE
TALLAHASSEE, FLORIDA

2024 JUN 17 PM 3:57

RECEIVED

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

Changing Lanes Enterprise, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Asia Braddy

Name of Person

Changing Lanes Enterprise LLC

Firm/Company

83 Montiano Cir

Address

Saint Augustine, FL 32084

City/State and Zip Code

support@changinglanesenterprise.com

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

For further information concerning this matter, please call:

Asia Braddy

305 540-0030

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

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

FILED

Changing Lanes Enterprise, LLC

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

2024 JUN 17 PM 4:21

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 1.24000153162.

This amendment is submitted to amend the following:

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

A&B 850 Enterprise 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)

158 Sw Hall Street

Madison, FL 32340

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

158 SW Hall Street

Madison, FL 32340

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

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>
President	Arnold Bell	83 Montiano Cir, Saint Augustine, FL 32084	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Shacory Paulk	1199 Ardmore St, Saint Augustine, FL 32092	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please remove Arnold Bell and Shacory Paulk and change address and Name of Company as USDOT and FMCSA
has been notified of the update.

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.

06/17/2024

Dated _____,

1. *Staphylococcus aureus*

Signature of a member or authorized representative of a member

CEO

Typed or printed name of signee

Filing Fee: \$25.00