

L24000205106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

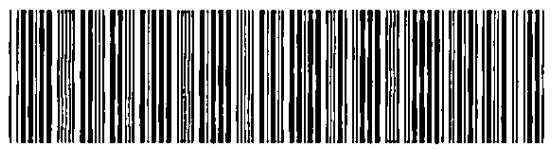
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300434340313

8/14/24  
KH

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG -8 AM 10:11

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRANKLIN 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:

DUSTIN M FRANKLIN

Name of Person

FRANKLIN LLC

Firm/Company

843 SYMPHONY ISLES BLVD

Address

APOLLO BEACH, FL 33572

City/State and Zip Code

dustin.m.franklin@gmail.com

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

For further information concerning this matter, please call:

DUSTIN M FRANKLIN

at (402) 241-7303

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

2024 AUG -8 AM 10:12  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

FILED

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

FR4NKLIN 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 05/01/2024 and assigned  
Florida document number L24000205106.

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.*

FILED  
2024 MAY 3 10:12  
STATE  
OFFICE  
TALLAHASSEE, FL

**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>
MGR	KEVIN RANDOLPH	1320 DOZIER AVENUE	<input type="checkbox"/> Add
		TITUSVILLE, FLORIDA	<input type="checkbox"/> Remove
		32780	<input checked="" type="checkbox"/> Change
MGR	ERICA FRANKLIN	843 SYMPHONY ISLES BLVD	<input type="checkbox"/> Add
		APOLLO BEACH, FLORIDA	<input type="checkbox"/> Remove
		33572	<input checked="" type="checkbox"/> Change
MGR	FRED FRANKLIN	15237 LOCUST STREET	<input checked="" type="checkbox"/> Add
		OMAHA, NEBRASKA	<input type="checkbox"/> Remove
		68116	<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

2022 AUG -18 AM 10:12  
OFFICE OF THE  
STATE  
TREASURER  
FLORIDA

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

1. CHANGING KEVIN RANDOLPH FROM MEMBER TO MANAGER.

2. CHANGING ERICA FRANKLIN FROM MEMBER TO MANAGER.

3. ADDING FRED FRANKLIN AS A MANAGER.

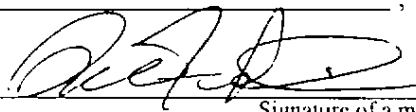
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 AUGUST 8TH, 2024



Signature of a member or authorized representative of a member

DUSTIN M FRANKLIN

Typed or printed name of signee

FILED  
2024 AUG -8 AM 10:11  
STATE OF FLORIDA  
TALLAHASSEE, FL