

L2400035726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

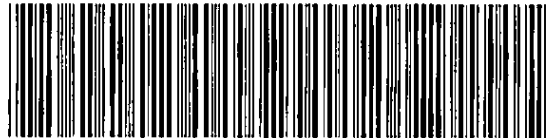
(Business Entity Name)

(Document Number)

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2024 SEP 23 PM 1:10  
SECRETARY'S OFFICE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

*POWER OF ATTORNEY*

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:

*Lerney Williams*

Name of Person

*POWER OF ATTORNEY*

Firm/Company

*300 N. Monroe Avenue*

Address

*Tallahassee Florida 32303*

City/State and Zip Code

*Lerney Williams / 509@gmail.com*

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

For further information concerning this matter, please call:

*Lerney Williams*

Name of Person

at (954)

Area Code

*740-2522*

Daytime Telephone Number

2024 SEP 23 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**

\_\_\_\_\_  
(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 08/10/2024 and assigned  
Florida document number 12400035726 B.

This amendment is submitted to amend the following:

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

N/A  
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

\_\_\_\_\_  
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>
AMBR	Jeremy Williams		<input type="checkbox"/> Add
		Jeremy	<input checked="" type="checkbox"/> Remove
		Jeremy	<input checked="" type="checkbox"/> Change
AMBR	Jeremy Williams		<input type="checkbox"/> Add
		Jeremy Williams 150 a gmail	<input checked="" type="checkbox"/> Remove
		Jeremy Williams 150 a gmail	<input checked="" type="checkbox"/> Change
AMBR	Jeremy Williams		<input type="checkbox"/> Add
		Jeremy Williams	<input checked="" type="checkbox"/> Remove
		Jeremy Williams	<input checked="" 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

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

Amending first name to correct spelling,  
currently showing my first name as "Jerrey"  
which is incorrect "Terrey" which is the  
correct spelling

Amend email to my correct email which  
is: Terreywilliams15@gmail.com due to first  
name was incorrect.

Amending signature due to auto fill spell  
first name incorrectly. signature is  
"Terreywilliams"

I spoke to an advisor and was advised  
to complete this form due to error  
auto fill when completing the application

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 09/11/2024

T. Williams

Signature of a member or authorized representative of a member

Terreywilliams

Typed or printed name of signer