L24000467324

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
no Ducos	2/20
Ü	Office Use Only



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11/12/24--01017--006 **25.00

JAN 14 -S. PRATHER



December 7, 2024

AUTUMN ELTRINGHAM LLC 1110 WYCOFF AVE JACKSONVILLE, FL 32205

SUBJECT: AUTUMN ELTRINGHAM LLC

Ref. Number: L24000467324

We have received your document for AUTUMN ELTRINGHAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

7/26/24

Letter Number: 024A00026513

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
AUTUMN	ELTRINGHAM LLC		
SUBJECT:	Name of Person Area Code Daytime Telephone Number d is a check for the following amount: .00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Area Code Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
The enclosed Articles of			
		<u>-</u>	
Please return all correspo	indence concerning this matter	to the following:	
	AUTUMN ELTRINGHAI	м	
	AUTUMN ELTRINGHAM LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: AUTUMN ELTRINGHAM Name of Person Firm/Company 1110 WYCOFF AVE Address JACKSONVILLE, FL 32205 City/State and Zip Code AELTRINGHAMI@GMAIL.COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: IN ELTRINGHAM Name of Person Area Code Daytime Telephone Number Lis a check for the following amount: OF Filing Fee Certificate of Status Certificate Ory (additional copy is enclosed) Mailing Address: Registration Section		
		Firm/Company	
	1110 WYCOFF AVE		
		Address	
	JACKSONVILLE, FL 322	205	
		•	
			25
			uncation)
For further information c	oncerning this matter, please c	all:	
AUTUMN ELTRINGHAM		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			ection
_		_	
P.O. Box 632			
Tallahassee, l	tL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTUMN ELTRINGHAM 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 ______ Florida document number _____L24000467324 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

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>	Address	Type of Action
AMBR	AUTUMN ELTRINGHAM	1110 WYCOFF AVE	
		JACKSONVILLE, FL 32205	□Remove
			□Change
			Remove
		-	Change
			□Remove
			□Change
			□Add
			Remove
		□Change	
			□Add
			□Remove
		<u></u>	Change
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	lock does not m	neet the appl	icable statutory	g or more than 9 y filing require	(optiona 0 days after fili ments, this da	il) ng.) Pursuant to 6 te will not be l	05.0207 sted as
e record specifies a delayed effecti d is filed.	ve date, but not	an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day at	ter the
November 8th		2024					
							و
	Signature of a n	nember or aut	horized represer	ntative of a mem	ber		2024 (121-2

Filing Fee: \$25.00