

L240003100512

(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



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TALLAHASSEE, FL
STATE

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TALLAHASSEE, FLORIDA

07/23/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/23/2024

****WALK IN****

ENTITY NAME Gifted Touch and Care LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

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TALLAHASSEE, FL

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S. R. Smith

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Called Jennifer and Care LLC

The enclosed Annual Report is being submitted for filing.

Please return document packet with the 2015 matter to the following:

Jennifer Manning
Name of Person

Company Name

221 Ivy Street
Address

Macon, GA 31206-3
City, State and Zip Code

Jennifer filed 5/17/16 annual report
Filing Date (to be used for future annual report notification)

For further information concerning this matter, please call

Jennifer Manning
Name of Person

at 904 / 207-216-2
Area Code District 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

2015 MAY 23 AM 8:14
CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cuffed Touch and Care LLC

(Name of the Limited Liability Company, as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on 7/17/14 and assigned
Florida document number L24000310092.

This amendment is submitted to amend the following:

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

Cuffed Touch LLC

The new name must be distinguishable and contain the words "Limited Liability Company" or its designation "LLC" or "Limited Partnership."

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)

14052 Friendship Place
Sandusky, FL 32081

CLERK OF STATE
TALLAHASSEE, FL

2024 JUL 23 AM 8:14

FILED

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: _____

14052 Friendship Place

Florida

Co.

LLC

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>
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TALLAHASSEE, FL

ED

D. If amending any other information, enter change(s) here: _____

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 7/22/24 (optional)

For effect to be in force, it must be specific and cannot be "on or to date of filing" or "upon recording" or "after _____".

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date is not 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 the date the record is filed.

Dated

July 22, 2024

Jennifer Manning

Signature of a member or authorized representative of the club

Jennifer Manning

Typed or printed name of signer

Filing Fee: \$25.00