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| (Requestor's Na | me) |
|--|-----------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/P | Phone #) |
| PICK-UP WAIT | MAIL |
| (Business Entity | Name) |
| (Document Num | nber) |
| Certified Copies Certific | cates of Status |
| Special Instructions to Filing Officer | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: JEFFRY A CARDWELL 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: |
| JEFFRY A CARD WELL Name of Person |
| JEFFRY A CARDWELL LLC |
| 11525 SAWYER STREET Address |
| ORLAND OFL 32817 City/State and Zip Code |
| JEFFANd Tom I 107 W A++. NEt E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| JEFFRY CARDWELL at 407 928-9471 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ■\$25.00 Filing Fee \$\ \$30.00 Filing Fee & \$\ \$55.00 Filing Fee & \$\ \$60.00 Filing Fee, \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |
| P.O. Box 6327 The Centre of Tallahassee |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabili | lity Company | as it now appears on our re- | cords.) | |
|---|--|---|---|----------------|
| The Articles of Organization for this Limited Liability C Florida document number | Company we | ere filed on $2 - 27$ | <u>7 - みりん</u> and assig | ned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim TT S+ucco Home A The new name must be distinguishable and contain the words "Lin | Repai | rs LLC | LLC" or the abbreviation "LL | · |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) | - | | WYER STREET FL 32817 | <u>57</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | - | | SECHLIANASS | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | iress on our records, <u>er</u> | प्राची 🚾 | registered |
| Name of New Registered Agent: | | 4 <u>0 - 11 - 11 - 11 - 11 - 11 - 11 - 11 - </u> | | |
| New Registered Office Address: | | Enter Florida street aa | ldress | |
| | | City | , Florida | |
| New Registered Agent's Signature, if changing Registere | ed Agent: | | ., | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | complete pe agent as pro red office ac | rformance of my duties ovided for in Chapter 6 | s, and I am familiar with 05, F.S. Or, if this docum | and ient is |
| | lf Changir | ng Registered Agent, <u>Signat</u> | ure 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 |
|--------------|-------------|---------------|----------------|
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Fffect | ive date, if other than the date of filing: (optional) |
| ll'an ci <u>Note:</u> | ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e recoird is fi | d 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 led. |
| Dated | 12/07/2022 |
| | Lellen A Cardisell |
| | Suparting of a member or authorized representative of a member |
| | Teffey a. Cardwell Typed or printed name of signee |

Filing Fee: \$25.00