## D/06882

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5/16/23 VLM



## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
Jodem LLC			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Enma Raimundo		
		Name of Person	
	Jodem LLC		
		Firm/Company	<del></del>
	2319 Adams St #23		
		Address	
	Hollywood FL 33020		
		City/State and Zip Code	
	emmaraim@gmail.com		
r 2 1 13 1		to be used for future annual report not	ilication)
For further information c	oncerning this matter, please co	all:	
Enma Raimundo		786 351-4402 at ( )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)	
rch 01, 2023	and assigned
<u>·e</u> :	
signation "LLC" or the abbrevi	ation "L.L.C."
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cords, <u>enter the name of</u>	the new regist
ta street address	
, Florida	n Cade
	signation "LLC" or the abbrevia

## 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>	Name	Address	Type of Action
AMBR	Enma J Raimundo	2319 Adams St #23 HollywoodFL 33020	<b>\</b> Add
			□Remove
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an effec <u>lote:</u> If	e date, if other than the date of filing:
record : Lis filed	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 l.
ated	,,,
	Signature of a member or authorized representative of a member
	1//70 1///20

Filing Fee: \$25.00