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SECRETARY OF STATE
TALLAHASSLE, FL

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Man College

COVER LETTER

Division of Corporations .		
SUBJECT: JOVI	18 LC	
·	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	-	
·	-	
Joh	Name of Person	
!	vic LC	
	Firm/Company	
566	O Cypress Creek Dr	
	Grant, FL 32949 City/State and Zip Code	
·	City/State and Zip Code	S 23
V E-mail address	149 a earth link. net	TAL TOTAL
For further information concerning this matter, please	call:	AY -
<i>T</i> . 0		ASS
John Picardi	at(321) 953-6196	EFF S
Name of Person	city/state and Zip Code 1 49 a earth link. net (to be used for future annual report notification) e call: at (321) 953 - 6/96 Area Code Daytime Telephone Number	14. 1.4.1.E 180 :{
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa				
(A Florida Limited I.	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on May 14, 2007	and assigned		
Florida document number $\angle 07000051732$.	1			
This amendment is submitted to amend the following:				
,	924			
A. If amending name, enter the new name of the limited liabi	uky company nere:			
TOVIS LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	No change			
		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		- 15 S		
!				
Enter new mailing address, if applicable:	No change			
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the nan</u>	ne of the new registered		
agent and/or the new registered office address here:				
	47			
Name of New Registered Agent:	No change	· · · · · · · · · · · · · · · · · · ·		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is		

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
			□ Λdd		
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