

L0800014927

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(C	ity/State/Zip/Phone #)	
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COVER LETTER

•	ision of Corp			
SHD IF CT.	JNC, LLC			
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		James A. Clark		
			Name of Person	
		JNC, LLC		
			Firm/Company	
		241 S. WESTMONTE DR	L SUITE 1040	
			Address	
		ALTAMONTE SPRINGS	. FL 32714	
			City/State and Zip Code	
		jclark@c21ac.com E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation co	incerning this matter, please c	all:	•
James A. Cl	ark		407 575-7011 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 I	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)
Re Div P.C	iling Address gistration S vision of Co D. Box 6327 Ilahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JNC	C. LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL08000014927	were filed on February 11, 2008	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		025
		<u></u>
Enter new mailing address, if applicable:		Si in
Mailing address MAY BE A POST OFFICE BOX)		
		(1) To the last of
		ाः भी
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	, Florida	Zin Code

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
MGR	CHRISTINE C. CLARK	241 S WESTMONTE DR #1040 ALTAMONTE	
			=Remove
			□ Change
<u></u>			🗆 Add
			□Remove
			□Change
			□Add
			Remove
		 	□Change
		-	🗀 Add
			□Remove
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an effective date is listed, the ote: If the date inserted	han the date of filing: c date must be specific and cannot lin this block does not meet the on the Department of State's re	applicable statutory filin	optiona ore than 90 days after filing og requirements, this da	ng.) Pursuant to 605.020
			on the earlier of: (h)	TT 001 1 0 1
record specifies a delayed	l effective date, but not an effe	ective time, at 12:01 a.m.	on the earlier or. (b)	The 90th day after the
record specifies a delayed is filed.			on the earlier of. (b)	The 90th day after the
record specifies a delayed is filed.	. 2025			