L11000 031 141

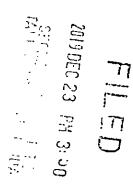
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Y SULKTR





December 13, 2019

JUCATO HOLDINGS, LLC 505 HARBOR DR VENICE, FL 34285

SUBJECT: JUCATO HOLDINGS, LLC

Ref. Number: L11000031141

We have received your document for JUCATO HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 019A00025382

2019 DEC 23 FILE: 16

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|---|
| SUBJECT: JUCATO HOL | dings, LLC | |
| Name of Lir | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | |
| The enclosed Articles of Amendment and fee(s) are sul- | bmuted for filing. | |
| Please return all correspondence concerning this matter | r to the following: | |
| | | |
| DALE | MORTENSON Name of Person | <u>/</u> |
| | Name of Person | |
| JUCAT | O HOLDINGS, a | <u> </u> |
| | Firm/Company | |
| 505 | HARBOR DR. S | |
| | Address | |
| VENIC | E FL 3428 | 35 |
| | | |
| <u> </u> | r + 1 @ Y A h oo. | com |
| Tankii dale | | AS, LLC OR, S. 34285 OO. Com Treport notification) & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ddress: cation Section on of Corporations entre of Tallahassee Monroe Street, Suite 810 |
| For further information concerning this matter, please | VaII: | |
| DALE MORTENSON | at 941 650. | 7946 |
| Name of Person | Area Code Daytime | : Telephone Number |
| | | |
| Enclosed is a check for the following amount: | | |
| ☐ \$25.00 Filing Fee | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| Mailing Address: | Street Address: | |
| Registration Section Division of Corporations | Registration Sec | |
| P.O. Box 6327 | · · · · · · · · · · · · · · · · · · · | • |
| Tallahassee, FL 32314 | 2415 N. Monroe Tallahassee, FL | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Limited | Liability Company) | | |
|---|--|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L 11000031141}{}$. | were filed on <u>M</u> | ARCH 14,201 | 1 and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company her | <u>ne</u> ; | |
| The new name must be distinguishable and contain the words "Limited 1 (ab) | dity Company," the de | signation "ULC" or the ab | breviation "L.L.C." |
| 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) | | | 2011 DEC 23 F |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our re | cords, <u>enter the name in the same</u> | e of the new register |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flori | da street address | |
| | | Florida | |
| | City | , Florida | Zap Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | | |
| I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete | ree to act in this c e performance of . | capacity. I further ag my duties, and I am j | ree to comply with t 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|----------------|-----------------------|---------------------|-----------------|
| AMBR MEMBER | CARRIE Thue Smothers | 301 SW C Street | □Add |
| | | BENTONVILLE | # Remove |
| | | ARKANSAS 72712 | □Change |
| AMBR MEMBER | CARRIE JANE MORTEN | SON 301 SW C STreet | _ Add |
| | | BENTONVILLE | |
| | | ARKANSAS 72712 | @Change |
| AMBR MEMBER | Kristin Mortenson | 6544 WILLOW LK CIr | 🗆 Add |
| | | Ft MYERS | Remove |
| | | FLORIDA 33912 | □Change |
| AMBR | TODD ANdrew MORTONSON | 1 832 CONNEMERA CI | r ■Add |
| | | VENICE | □Remove |
| | | FLORIDA 34292 | Change |
| | | | □Add |
| | | | □Remove |
| · | | | □Change |
| | | | DAdd |
| | | | □Remove |
| | | | □ Change |

| Not | effective date, if other than the date of filing: effective 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 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at unneate's effective date on the Department of State's records |
|------|--|
| | cord 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 stiled |
| Date | ed DELEMBER 20 2019 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | DALE MORTENSON Typed or printed name of signee |
| | VACC 7.60~16.70 30.1 |

Filing Fee: \$25.00