Division of Corporations

11/3/22, 2:47 PM

ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000376916 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for\_future

annual report mailings. Enter only one email address please \*\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. **EJTS HOLDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help LEMIEUX NOV 04 2022

## ARTICLES OF AMENDMENT (((H22000376916 3))) ARTICLES OF ORGANIZATION OF

EJTS HOLDING, LLC		
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Company were filed on _	July 19, 2011	and assigned
		and assigned
orida document number L11000082777		
his amendment is submitted to amend the following:		
If a manding name and on the name of the limited Hability assurance	<b>.</b>	
. If amending name, enter the new name of the limited liability company	<u>nere</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation of 1 C" on the c	shhandation "L.C."
te new name must be distinguishable and contain the words "Limited Liability Company, the	designation LLC or the a	iddieviation L.L.C.
nter new principal offices address, if applicable:		<del> </del>
Principal office address MUST BE A STREET ADDRESS)	<del>-</del>	<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Autung auturess MAT DE A FOST OFFICE BOAJ		
<del></del>		
. If amending the registered agent and/or registered office address on our	records enter the mai	me of the new regis
gent and/or the new registered office address here:	records, enter the has	<b>خہ</b>
		NOV
Name of New Registered Agent:		. 7 =
Traffic of frew Acristered Agent.	<u> </u>	
New Registered Office Address:		
Enter F	lorida street address	e ?
	, Florida _	<u> </u>
City		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

From: Leshe Perryman

Fax: 14072329822

To:

Fax: (850) 617-6383

Page: 3 of 4

11/03/2022 3:01 PM

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000376916 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Meixsell, Edward	P.O. Box 1263	□Add
		Longwood, FL 32752	□Remove
			☐ Change
MGR	Meixsell, Scott	P.O. Box 1263	⊟Add
		Longwood, FL 32752	□Remove
			□Change
MGR Carter, Tracey	Carter, Tracey	P.O. Box 1263	⊟Add
		Longwood, FL 32752	□Remove
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			Change
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			ПРеточе
			☐ Change
	<del></del>		□Add
			□Remove
"	(112200027/01/ 2)))		☐ Change

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