L13000089218

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COVER LETTER

	ition Section of Corpora				* ·
	ım, LLC				·
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed Arti	icles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all c	corresponde	nce concerning this matter t	o the following:		
		Jereme Neill			
	•		Name of Person	 , <u>u</u> _	
		Jofam, LLC			
			Firm/Company		
		83 Market Street			
			Address		<u></u>
		Apalachicola, FL 32320			
			City/State and Zip Code	:	
	j _	neill@myharborrealty.com			
			to be used for future annual	i report notines	aion)
For further infort	mation conc	erning this matter, please ca	all:		
Jereme Neill			850 32 at ()	23-1234	
	Name of Pe	rson	Area Code	Daytime T	elephone Number
Enclosed is a che	eck for the f	ollowing amount:			
■ \$25.00 Filin		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address:	otion		Address: ration Secti	ion
	tration Section of Cor		Divisio	on of Corpo	orations
	3ox 6327	•	The Co	entre of Tal	llahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jofam, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corolida document number L13000089218	ompany were filed on June 20, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	·
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City , F1011u	Zip 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>	<u>Name</u>	Address	Type of Action
MGRM	Karen L Johannsen		□Add
		AM SCHWIMMBAD I HOEGEL DE	■ Remove
			☐ Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
		<u></u>	□Remove
			Change
			□ Add
			Remove
		 	Change
			□ Add
			Remove
			Change

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Effective date, if other than the date of the Department's effective date on the Department.	specific and cannot be prio does not meet the appli	able statutory filing requir	(optional) 90 days after filing.) Pursuant rements, this date will not	t to 605.0207 be listed as t
e record specifies a delayed effective da rd is filed.	ite, but not an effective I	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th da	y after the
November 30	2023	·		
Dated				
Dated	<i></i>			
Dated	nature of a member or auth	orized representative of a me	nber	