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(Re	equestor's Name)	<u> </u>
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COVER LETTER

TO:

	gistration Se vision of Cor							
CHD IECT.	Palmetto, Z	eigler, Chamberlain & Perrella	, PL					
SUBJECT		Name of Limi	ited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please retur	n all correspo	ndence concerning this matter	to the following:					
		Philip C. Palmetto						
			Name of Person					
		Palmetto, Zeigler, Chambe	rlain & Perrella, PL		202			
Firm/Company					2 No 2 No			
2901 W. Cypress Creek Road, Suite 120					2022 NOV 28			
			Address					
Fort Lauderdale, Florida 33309					A11:36			
		 .	City/State and Zip Code		တ် တ			
		mkline@pmmpllp.com			1			
		E-mail address: (to be used for future annual report noti	fication)				
For further	information c	oncerning this matter, please ca	all:					
Philip C. P.	almetto		954 432-3100 at ()					
	Name o	f Person		e Telephone Number				
Enclosed is	a check for th	ne following amount:						
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &			
	ailing Addres		<u>Street Address:</u> Registration Se	ction				
Division of Corporations			Division of Corporations The Centre of Tallahassee					
	.O. Box 632 allahassee, l			i anianassee e Street, Suite 81	0			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·				
The Articles of Organization for this Limited Liability Companifluorida document number L13000131982	y were filed on <u>09/18/2013</u>	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:	2022) JGO				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o					
Enter new principal offices address, if applicable:		28				
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registe				
Name of New Registered Agent:						
New Registered Office Address:	Euro-Elosida guest addusan					
	Enter Florida street address					
	City , Flori	ida Zip Code				
	Ciri,	12.15 2544				

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Palmetto, Mollo, Molinaro & Passa	91 Broadhollow Road	□Add
		Melville, NY 11747	≘Remove
			□ Change
MGRM	Philip C. Palmetto	2901 W. Cypress Creek Road – Suite 120	\equiv Add
		Fort Lauderdale, Fl 33309	ERemove CR CR CR CR CR CR CR C
AMBR	Bart Cohen	2901 W. Cypress Creek Road - Suite 120	■Add
			Co ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Note: If	e date, if other the tive date is listed, the of the date inserted in this effective date of	this block does	not meet th	ie applicabl	date of filing o e statutory fi	r more than 90 c ling requirem	(optiona days after tili ents, this da	i) ng.) Pursuan te will not	to 605.03 be listed	207 (as t
e record s rd is filed	specifies a delayed d.	effective date, bu	it not an ef	fective time	, at 12:01 a.r	n, on the earli	er of: (b)	The 90th d	ay after t	he
Dated _	Nov 18		(m.)	2022	·,					
		Signature	of a membe	er or authoriz	ed representat	ive of a membe	r			

Filing Fee: \$25.00