

L14000076520

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2024 OCT 14 10:09:45
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDJST, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony C. Soviero

Name of Person

Anthony C. Soviero, PLLC

Firm/Company

1025 West Indiantown Road, #106

Address

Jupiter, FL 33458

City/State and Zip Code

tony@soviero.net

E-mail address: (to be used for future annual report notification)

RECEIVED
OCT 11 11:11 AM
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Tony or Lisa

561 278-0098

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED

OCT 08 2024

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MDJST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/12/14 and assigned
Florida document number 114000076520.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 the change.

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OCT 08 2014

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>	<u>Address</u>	<u>Type of Action</u>
MBE	Kelly Roche		<input type="checkbox"/> Add
		2946 Avalon Ave. Berkley CA 94705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Robin Kelly Roche	2946 Avalon Ave. Berkley CA 94705	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBE	Suzette Soviero		<input type="checkbox"/> Add
		P.O. Box 283Tomaes CA 94971	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Suzette M. Soviero	P.O. Box 283Tomaes CA 94971	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony C. Soviero		<input type="checkbox"/> Add
		1025 West Indiantown Road, #106 Jupiter, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Anthony C. Soviero	1025 West Indiantown Road, #106 Jupiter, FL 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021.6.14
9:40
10:00

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 17, 2024

~~Signature of a member or authorized representative of a member~~

Anthony C. Soviero

Typed or printed name of signee