

L140000 844 9S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

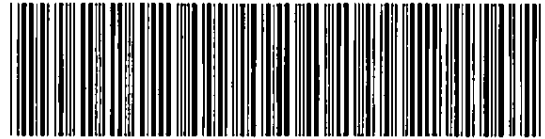
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angela Jovanna 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:

Angela J Hill

Name of Person

Angela Jovanna LLC

Firm/Company

1120 Eddystone Lane

Address

Ponte Vedra, FL 32081

City/State and Zip Code

angela.jhill@mac.com

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

For further information concerning this matter, please call:

Angela J. Hill

904

955-2987

at (_____) _____
Area Code

Daytime Telephone Number

Name of Person

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

Street Address:

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

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TALLAHASSEE, FL

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

Angela Jovanna 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 05/19/2014 and assigned Florida document number 114000084495.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1120 Eddystone Lane

Ponte Vedra, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1120 Eddystone Lane

Ponte Vedra, FL 32081

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:

Angela J. Hill

New Registered Office Address:

1120 Eddystone Lane

Enter Florida street address

Ponte Vedra

City

Florida 32081

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

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TALLAHASSEE FL

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>
PST-MGI	George A Hill, II	PO Box 729	<input type="checkbox"/> Add
		Bostwick, FL 32007	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Lisa M. McIntosh, Authorized Rep	PO Box 729	<input type="checkbox"/> Add
		Bostwick, FL 32007	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angela J. Hill	1120 Eddystone Lane	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE

10/01/2024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(g.) Pursuant to 65.0207 (3)

Pursuant to 605.0207 (3)(b)

Dated November 4, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00