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COVER LETTER

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TO:

TO:	Registration Sec Division of Corp					
		Jordan River LLC, a F	Florida limited liability c	ompany		
SUBJE	CCT:	Name of Limi	ted Liability Company		······	
The en	closed Articles of A	Amendment and fee(s) are subt	mitted for filing.			
Please	return all correspon	ndence concerning this matter (to the following:			
			Joan Readding			
			Name of Person			
		Jordan Riv	er LLC, a Florida limite	d liability company	•	
	Firm/Company					
		1301 River Reach Drive, Apartment 404				
	Address					
		Fort Lauderdale, FL 33315				
			City/State and Zip Code	:		
jreadding@gmail.com						
			to be used for future annua	report notification)		
For fur	ther information co	oncerning this matter, please ea	all:			
	Nicola L. Zagar	rolo, Esq.	954 at ()	786-0360		
	Name of	Person	Area Code	Daytime Telepho	one Number	
Enctos	ed is a check for th	e following amount:				
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Regist Division The Co 2415 N	Address: ration Section on of Corporation entre of Tallahas N. Monroe Stree assee, FL 32303	ssec t, Suite 810	

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

Jordan River LLC, a Florida limited liability company

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appoints Limited Liability Compan	ears on our records.) y)	<u> </u>
The Articles of Organization for this Limited Liabilit		June 12, 2014	and assigned
Florida document number L14000094619			
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the l	limited liability company	here:	
The new name must be distinguishable and contain the words	Limited Liability Company," th	ne designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable:			
Enter new mannig address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· 		
making dutiess MAT BE A TOST OFFICE BOA			
B. If amending the registered agent and/or registe		r records, enter the	name of the new register
agent and/or the new registered office address her	<u>·e</u> :		
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 this change.

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
AMBR	Chelsea Marando	5151 SW 64th Avenue	□Add
		Davie, FL 33314	≡ Remove
			Change
			□Add
			□Remove
			□ Change
			🖸 Add
			□Remove
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	Upon Filing
(If an effective Note: If the	date, if other than the date of filing: copon rining (optional) e 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 605.020 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	January 26 2024
Dated	
Dated	Joan Readding
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00