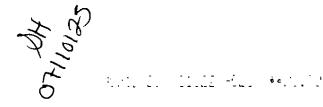
L14000184191

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



900450609459





COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor							
CHD 112		Jeffrey K. Joseph Residential Design, LLC T: Name of Limited Liability Company						
SUBJE	CI:							
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		Jeffrey K. Joseph						
			Name of Person					
	Jeffrey K. Joseph Residential Design, LLC							
	Firm/Company							
		959 Carriage Hill Rd						
	Address							
		Melbourne, Fl. 32940						
	City/State and Zip Code							
		jkjresidesign@icloud.com	to be used for future annual report r	antification)				
For furth	ner information c	oncerning this matter, please co		ionication)				
Jeffrey l	K. Joseph		321 243-8115					
	Name o	f Person	Area Code Day	time Telephone Number				
Enclose	d is a check for th	ne following amount:	ه[بر					
Ø \$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		Street Address:					
	Registration S Division of C		Registration : Division of C					
P.O. Box 6327			f Tallahacco					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILE

Jeffrey K. Joseph Residential Design, LLC

2025 HAY 12 AM 11: 47

(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	<u>ar records.</u>)
The Articles of Organization for this Limited I. Florida document number L14000184191	iability Company	were filed on 12/02/20	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	959 Carriage Hill Rd	
(Principal office address MUST BE A STREI	ET ADDRESS)	Melbourne, Fl. 32940	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	959 Carriage Hill Rd Melbourne, Fl. 32940	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:			s, enter the name of the new regis
New Registered Office Address:	959 Carriage H	ill Rd	
New Registered Office Address.		Enter Florida stre	eet address
	Melbourne		, Florida 32940
		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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Adđ
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
		** · · · · · · · · · · · · · · · · · ·	□Change
	·		□Add
		.	□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach addit	IILEU
	2025 HAY 12 AM 11: 4
	:T2
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(b ng requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. record is filed.	
Dated MAY 8 TH 2025. Signature of a member or authorized representative	
Signature of a member or authorized representative	ve of a member
Jeffect K Jose Typed or frinted name of signee	

Filing Fee: \$25.00