L150000 13815

(R	lequestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nar	me)
(D	Occument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	o Filing Officer:	





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COVER LETTER

	stration Section of Corp				
	IONARO, LI	LC .			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	Articles of A	amendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		CAREN WESTENDORF			
			Name of Person		
		CAREN L WESTENDORI	F, LLC		
			Firm/Company		2021
		2914 NW 19TH TER			
			Address	-	9 1
		CAPE CORAL, FL 33993		1 17 (C)	
			City/State and Zip Code		:: -::-
		CAREN.CAPEREALTY@		!	O)
			to be used for future annual report	notification)	
For further in	nformation co	oncerning this matter, please co	all:		
CAREN WE	STENDORI	:	239 244-7420 at ()		<u>_</u>
	Name of	ГРегѕол	Area Code Da	ytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
≘ \$25,00 I	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate o Certified Co (additional cop	f Status & py
Re Di P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee,	Section Corporations 27	The Centre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JONARO, LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)		
he Articles of Organization for this Limited Liability Company lorida document number <u>L15000013815</u>	y were filed on 1/23/2015	and assigned		
this amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lial	bility company here:			
CAREN L WESTENDORF, LLC		11 11 01 0		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LEC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	2914 NW 19TH TER	2914 NW 19TH TER		
Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33993	3		
rincipal office maress proof 122 (101)		22		
Enter new mailing address, if applicable:	2914 NW 19TH TER	27		
Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FL 3399	3 9		
Maning dadress MAT BE A LOST OF FIEL WAY		- 1		
		MA N		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	enter thể name of the new regist		
New Registered Office Address:	Enter Florida street o	address		
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
hereby accept the appointment as registered agent and ag		· I further garee to comply with		

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			P □ Add
			□Remove
			Change
			Remove
			Change
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ective	date, if other than the date of filing:		(option	ıal)	
effecti	ive date is listed, the date must be specific and cannot be the date inserted in this block does not meet the ap	prior to date of filing	or more than 90 days after fi filing requirements, this	ling.) Pursuant to 60 date will not be lis)5.020 sted (
ument	t's effective date on the Department of State's reco	ords.	-		
cord s	pecifies a delayed effective date, but not an effecti	ve time, at 12:01 a	ı.m. on the earlier of: (b)	The 90th day aft	er th
s filed	•			•	
	MM 211 702	1			
cd	may 17 202	•			
	Caren Westerdons		ative of a member		
	Signature of a member or	authorizea represen	ative of a member		