

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003380613)))



H190003380613ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JUNGLE HAZE, LLC

Certificate of Status	0 :-
Certified Copy	0 :
Page Count	04 ;
Estimated Charge	\$25.00:-

8 7 8 8

Electronic Filing Menu

Corporate Filing Menu

Help got 1 609

. 1

		(COVER LETTER	
	egistration Sec ivision of Corp			
ድሀው መድግ	JUNGLE HA	ZE, LLC		
SUBJECT	:	Name of Limit	ted Liability Company	
The enclos	ed Articles of A	imendment and fec(s) are subn	 nitted for filing.	
Please retu	m all correspon	dence concerning this matter t	o the following:	
		FONDA L. HERRICK	i	
			Name of Person	
		JUNGLE HAZE, LLC		
			Firm/Company	
		14820 RUE DE BAYONN	E, UNIT 608	
		CLEARWATER FL 3376	Address 2	
			City/State and Zip Code	
		fherrick88@gmail.com		
		E-mail address: (t	o be used for future minutal teport notific	ration)
For further	information 20	ncerning this matter, please ca	H:	
Fonda L. I	Herrick		727 512-0062	•
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed i	s a check for the	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

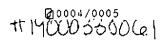
ARTICLI	ES OF ORGANI	ZATION	
	OF	269 NOV 18 P 7 95	
ПINGLE HAZE, LLC			
(Name of the Limited List	bility Company as It now	appears on our records.) pany) - And Easthele - Life Lokald A	
The Articles of Organization for this Limited Liability	Company were filed	on April 6, 2015 and assig	med
Florida document number L15000060164			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	 imited liability compa	any here:	
The new name must be distinguishable and contain the words "I	imited 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 AD	npecci		
Tracipal office address in OOT the ACTIVITY	DICESSI		
•			
Enter new mailing address, if applicable:	:		
(Mailing address MAY BE A POST OFFICE BOX)			
Maning damess MAT DE ATOST OFFICE BOX			
B. If amending the registered agent and/or re	gistered office addre	ess on our records, enter the name o	f the
registered agent and/or the new registered office a			
Name of New Registered Agent:			
New Registered Office Address:			
	Ex	ner Florida street oddress	
		, Florida	
	City	2ip 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

Page 1 of 3



MGR = N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YUKIKO HOYT	510 TABOR COURT, UNIT D. SAFETY HARBOR FL 34695	= Add
			□ Remove
			Change
			□ ∧dď
		1	☐ Remove
			☐ Change
			D Add
		<u> </u>	□ Remove
			☐ Change
			□ Add
		; 	Remove
			☐ Change
		-	□ Remove
			Change
		_	Add
			Remove
			D Change

amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary,)
		 _
····		
		
		
-		
		<u></u>
		·
fective date, if other than the	e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.)	Directions to 605 020
ote: If the date inserted in this because it is effective date on the E	lock does not meet the applicable statutory filing requirements, this date v	vill not be listed a
record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. of tord is filed.	on the earlier o
November 18	2019	
ted	-/- ·/- · · / · · · · · · · · · · · · ·	
	fentle Joffer	
	Signature of a member or authorized representative of a member	
KENNETH TATARO	w	
	Typed or printed name of signee	
	i -	
	Page 3 of 3	•