

L15000156096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

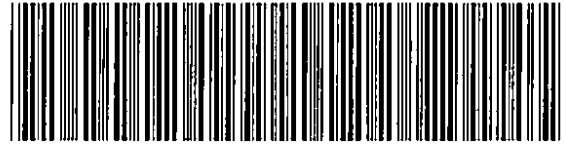
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

amend

Office Use Only



300439816433

11/19/24--01036--019 **25.00

FILED

2024 DEC 30 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FL

Rec
12/30/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2024

MARK OAKLEY
PO BOX 410195
MELBOURNE, FL 32941 US

SUBJECT: J-MACK CLEANING AND MAINTENANCE LLC
Ref. Number: L15000156096

We have received your document for J-MACK CLEANING AND MAINTENANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DATE THE LAST PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 824A00027169

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC 30 PM 3:26

FILED

12-30-24

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

J Mack Cleaning and Maintenance 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 Jan 12 2024 and assigned
Florida document number 2468718261CC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 DEC 30 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

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>
MGR	Barbara Ialeen Bittner	102 Harris Blvd	<input type="checkbox"/> Add
		Indialantic FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Isaac Alan Oakley	102 Harris Blvd	<input type="checkbox"/> Add
		Indialantic FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian Thomas Oakley	102 Harris Blvd	<input type="checkbox"/> Add
		Indialantic FL 32903	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 DEC 3 6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED

2024 DEC 30 PM 3:26

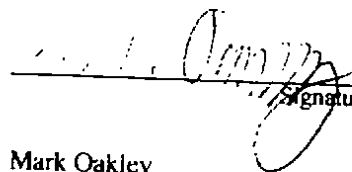
SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: _____ (optional)

If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DEC 14, 2024



Signature of a member or authorized representative of a member

Mark Oakley

Typed or printed name of signee