

L16000135050

(Requestor's Name)

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U.S. DEPARTMENT OF JUSTICE

22X

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JORDAN REED EVENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. JORDAN FELIX
Name of Person

JORDAN REED EVENTS LLC
Firm/Company

PO BOX 40004
Address

JACKSONVILLE FL 32203
City/State and Zip Code

AJP FELIX.LAW
E-mail address: (to be used for future annual report notification)

FILED
2023 JUN 17 PM 3:32
TALLAHASSEE, FL

For further information concerning this matter, please call:

A. JORDAN FELIX at (904) 403 1186
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JORDAN REED EVENTS 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 7/20/16 and assigned
Florida document number L16000135050.

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)

877 PLUMBRIDGE CT.

JACKSONVILLE FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

877 PLUMBRIDGE CT.

JACKSONVILLE FL 32218

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:

1000 RIVERSIDE AVE. SUITE 311

Enter Florida street address

JACKSONVILLE

City

Florida

32204

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAPORSCHA FELIX	877 PLUMBRIDGE CT.	☒ Add
		JACKSONVILLE, FL 32218	☐ Remove
			☐ Change
MGR	LAPORSCHA REED	731 DUVAL STATION RD	☐ Add
		SUITE # 107304	☒ Remove
		JACKSONVILLE, FL 32218	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2023.11.10 11:32
Si
Aluminum Electrolytic Capacitor

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.

Dated JANUARY 5th 2023

LAPORSCHA FELIX

Typed or printed name of signee