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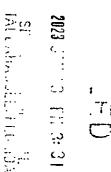
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

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TO: Registration S Division of Co				
SUBJECT: J	ORDAN REED	GUENTS LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	A. 30RDA			
		Name of Person		
	JORDAN	REED EVENTS LL	<u> </u>	2023
	PO BOX 1	10004	à. 5	( <u>;</u>
		Address	<u>.</u>	
	JACKSONVI	City/State and Zip Code		_ FI D
		FELIX LAW  to be used for future annual report notifi	Signation)	22
For further information of	concerning this matter, please c		,	
A. JURDAN	FELLX	at (904) 40	3 1186 _	_
Name o	of Person	Area Code Daytime	e Telephone Number	-
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Mailing Address Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORDAN REED EU	ENTS LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of the liability Com	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	877 PLUMBRIDGE CT.
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE FL 32218
	877 PLUMBRIDGE CT.  JACKSONVILLE, FL 32218  address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	RIVERSIDE AVE. SUITE 311  Enter Florida street address
JACKS	City Florida 32204-
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or. if this document is

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
MGR	LAPORSCHA FEUX	877 PLUMBRIOGE CT.	X Add
		SACKSONVILLE, FL 32218	□Remove
		<del></del>	Change
MbR	LAPORSCHA REED	731 DUVAL STATION RD	□Add
		SU. 15 107-304	X Remove
		JACKSONVILLE, FL 32218	□Change
			□Add
			□Remove
		A C	200 200 200 200 200 200 200 200 200 200
		E.C.	Add
		•بر	□Change
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fective date, if other than the n effective date is listed, the date must be the date inserted in this ble cument's effective date on the De	t be specific and o	cannot be prior to eet the applicat	date of filing or me		filing.) Pursua	
ecord specifies a delayed effective is filed.	e date, but not a	un effective tim	e, at 12:01 a.m. c	on the earlier of: (b	) The 90th	day after th
	丛	2023				
ted JANUARY 5	<u> </u>		<b>-</b> '			