L16000192034

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COVER LETTER

TO: Registration Se Division of Cor		•	,
	LY HOLDINGS, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	J.J. Dahi		
		Name of Person	•
	Dahl Family Law Group		
		Firm/Company	-
	1001 East Ave		
	<u> </u>	Address	
	Clermont, FL 34711		
		City/State and Zip Code	<u> </u>
	jj@dahlfamilylaw.com		
p cultiplication		to be used for future annual report no	offication)
	concerning this matter, please c		
J.J. Dahl		352 243-4100 at ()	ime Telephone Number
Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration Division of		Street Address: Registration S Division of C	Section
P.O. Box 63 Tallahassee	327	The Centre of 2415 N. Mon	f Tallahassee rroc Street, Suite 810

Tallahassee, FL 32303

2023 SEP - 1 AM 11: OL

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EJC FAMILY HOLDINGS, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company villorida document number <u>L16000192034</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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>	Type of Action
MGR	Carter K. Dahl	1001 East Ave	≡ Add
		Clermont, FL 34711	Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

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Effective date, if other than the fan effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	ock does not me	eet the applicabl	date of filing or more e statutory filing t	(option) (op	filing.) Pursuant to 605.020
ne record specifies a delaye The 90th day after the rec	d effective da ord is filed.	ate, but not a	an effective tin	ne, at 12:01 a	.m. on the earlier
Dated Augusut 24	156	2023	.•		
<u> </u>	Signature of a n	nember or unthori	zed representative o	f a member	
	=				

Page 3 of 3