# L17000147179

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(Document Number)	
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09/05/23--01031--016 \*\*25.00

FILED 2023 SEP - 5 AM 7:00 SECRETARY OF STATE "ALL-AMASSEE, FLORID;

Ø

# **COVER LETTER**

### TO: Registration Section Division of Corporations

· . ·

JADE TYLER, LLC

SUBJECT: \_\_\_\_\_

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:

Jesse Durina

Name of Person

Firm/Company

2156 Edythe Drive

Address

Dunedin, FL 34698

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Mark Durina
 813
 458-9872

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> 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

Т	AMENDMENT	
	)F	FILED SEP-5 AM 7:00
	2023 (	SEP-5 ALL
JADE TYLER, LLC		- 5 AM 7:00
JADE TYLER, LLC ( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our receiption of the second seco	MASSEE, FLORIE
The Articles of Organization for this Limited Liability Company	v were filed on	and assigned
florida document number 1.17000147179		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Ll	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	····	
<b>-</b>		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)	address on our records, ente	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	r the name of the new registe
Muiling address MAY BE A POST OFFICE BOX) a. If amending the registered agent and/or registered office gent and/or the new registered office address here: <u>Name of New Registered Agent</u> :	address on our records, <u>ente</u>	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ente</u> Enter Florida street addre	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addre	

### 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 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

Title	Name	Address	Type of Action
AMBR	DURINA, JESSE	2156 Edythe Drive	≣∧dd
		Dunedin, FL 34698	
			🗆 Change
AMBR	DURINA, AVA	2156 Edythe Drive	□Add
		Dunedin, FL 34698	■Remove
		·	Change
			🗆 Add
			Change
			🖸 Add
			□ Change
			⊐Add
			□Change
			🗆 Add
			🗆 Remove

•

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

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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 AUGUST 14 2023

Signature of a member or authorized representative of a member

AVA DURINA

Typed or printed name of signee