# L17000194211

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# COVER LETTER

#### TO: Registration Section Division of Corporations

### GARRISON-JUNG ENTERPRISE, 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:

Chevenne Moseley

Name of Person

Legalzoom.com. Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

agarrisonjung@yahoo.com

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

For further information concerning this matter, please call:

Cheyenne Moseley	800	773-0888 ext. 9724
	at ()	
Name of Person	Area Code	Davtime Telephone Number

#### Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

E □ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDM	ENT				
ТО					
ARTICLES OF ORGANIZA	TION				
OF					
GARRISON-JUNG ENTERPRISE, LLC					
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)				
(renordal carrier company)	,				
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	9/19/2017 and assigned				
Florida document number L17000194211					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company h	<u>tere</u> :				
The new name must be distinguishable and end with the words "Limited Liability Company." th	e designation "11 (" or the abbraviation "11 ("				
	congitation and of the approvation 17.0.0.				
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)					
	0 0 0 0 0				
B. If amending the registered agent and/or registered office address o	n 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:

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

# MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Mitch McGovern	878 CLEAR SKY WAY	Q Add
		CASTLE ROCK, CO 80109	✓ Remove
			🖸 Add
			O Remove
			C Remove
			Add
			C Remove
			Remove

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

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after (optional) the date this document is filed by the Florida Department of State) 2-11 |C|Dated Signature of a member or authorized representative of a member Andrea Peixoto Garrison Typed or printed name of signee



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Filing Fee: \$25.00