L17000248774

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800361519518

03/08/21--01020--005 **80.00



4/24/214

COVER LETTER

TO: Registration Section Division of Corporation		ž j		•
SUBJECT: Medacy	Enterpases LLC Name of Limite	d Liability Company		"
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Nato	Name of Person		
	Medory E.	Herprises LLC From/Company		
	19914 Fallin	ag Waters R Address) <u>r</u>	
	Jacksonville,	FL 32258 City/State and Zip Code	3	
	natasna. Accole. r E-mail address: (10	nedina @gma be used for future abdual re	port notification)	
For further information con-	cerning this matter, please call	:		
Natasha C Name of Pe	Creder 4	at (0 0 4) Area Code	487 - 078 Daytime Telephone N	<u> </u>
Enclosed is a check for the t	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclo	Cer kad) Cer	.00 Filing Fee, rtificate of Status & rtified Copy (hitional copy is enclosed)
Mailing Address:		Street Add	lress:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Medory En (Name of the Limited Lia (A Flo	terprises	LL.C	n aur roeards)	
(A Flo	orida Limited Lia	bility Company)	(M. (CC) (M. (C.)	
The Articles of Organization for this Limited Liabilit		rere filed on 2	15/17	and assigned
Florida document number <u>L 17000248 7</u> 7	<u>74</u> .			
This amendment is submitted to amend the following	<u>;</u> :			
A. If amending name, enter the new name of the l	limited liabili	ty company here	:	
The new name must be distinguishable and contain the words "	ecties "	LLC		A STATE OF THE STA
The new name must be distinguishable and contain the words "				
Enter new principal offices address, if applicable:		14619 F	alling Wat	ers Dr
(Principal office address MUST BE A STREET AD	DDRESS)	Jackson	ille, FL.	32258
			<u> </u>	
Enter new mailing address, if applicable:		14619 F	alling Wa	ters Dr
(Mailing address MAY BE A POST OFFICE BOX)	2	Jackson	ine, FL 3	2258
				100
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office ad	dress on our reco	rds, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address ner	<u> </u>			; 3 :
Name of New Registered Agent:				دن
Name of New Registered Agent.				77
New Registered Office Address:	_ 1461	9 Falling	Waters	Dr - S
		emer rioriaa	street address, Florida	دع ري
	Jackso	nville	, Florida	32258
		City		лір Соае

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
AMBE	Jonathon Gregory	19619 Falling Waters Dr	X Add
		Jacksonville, FL 32268	□Remove
			DChange
			□Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			🗆 Change
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			Chana

_	
	······································
(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:91 a.m. on the earlier of: (b) The 90th day after the l.
Dated	Maich 577. 2021
	March 5 ¹⁷ . 2021 March 5 ¹⁷ . 2021 Signature of a member or authorized representative of a member
	Natasha Gregory Typed or printed name obsignee

Filing Fee: \$25.00