LIFCCC 256114

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Registration Section Division of Corporations

TO:

Laurel Jose SUBJECT:	ph LLC.		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kendall Roberson		
		Name of Person	20
	Laurel Joseph LLC.		2021 SEP 27 SEP 76-7
		Firm/Company	P 2
	5 Lyons Place		SEP 27 PH 4: 51
		Address	
	Palm Coast, FL, 32137		251
		City/State and Zip Code	
	kendallroberson@yahoo.co	em	
	E-mail address: (to be used for future annual report noti	fication)
For further information o	oncerning this matter, please c	all:	
Kendall Roberson		904 805-6585 at ()	
Name o	f Person		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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration See Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laurel Joseph LLC.		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	uly 27, 2021 and assigned
Florida document number L17000256114		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company b	here:
Laurel Joseph Machines, LLC.		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	En en To
Principal office address MUST BE A STRE	ET ADDRESS)	27
		SSO - 11
		Hos I
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name of the new regis
	. 	
Name of New Registered Agent:	Kendall Roberson	
New Registered Office Address:	5 Lyons Place	
		orida street address
	Palm Coast	, 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

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	Dawn Roberson	5 Lyons Place, Palm Coast, FL. 32137	\exists Add
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			Change
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			Remove
			27 Add
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			□Remove
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Effective date, i If an effective date is Note: If the date document's effec	s listed, the date mu inserted in this b	st be specific an lock does not	nd cannot be prior meet the appli	or to date of filing icable statutory			ing.) Pursi		
ne record specifies ord is filed.	a delayed effectiv	e date, but no	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b)	The 90th	ı day afi	ter the
Dated July 27			2021	·					
	× .	<i>'</i>							
4	igraleille.	Signature of a	1071 i member or aut	horized represen	tative of a mem	ocr			

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