

W190000200434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

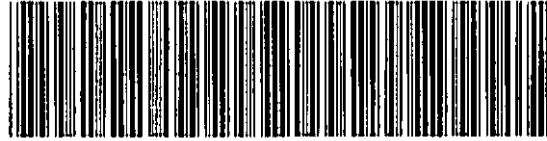
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jodi Rintelman, P.L.L.C.

\_\_\_\_\_  
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:

Jodi Rintelman Lawhorn

\_\_\_\_\_  
Name of Person

Jodi Rintelman, P.L.L.C.

\_\_\_\_\_  
Firm/Company

112 Wedge Cir

\_\_\_\_\_  
Address

Daytona Beach, FL 32124

\_\_\_\_\_  
City/State and Zip Code

jodi.rintelman@gmail.com

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

For further information concerning this matter, please call:

Jodi Rintelman Lawhorn

608

358-8393

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Jodi Rintelman, P.L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 28, 2018 and assigned  
Florida document number 118000205434.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jodi Rintelman Lawhorn

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

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>	<u>Type of Action</u>
MGR	Jodi Rintelman	112 Wedge Cir	<input type="checkbox"/> Add
		Daytona Beach, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jodi Rintelman Lawhorn	112 Wedge Cir	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Jodi Rintelman was married on 10/9/21.

Her legal name is now Jodi Rintelman Lawhorn (two last names, no hyphen).

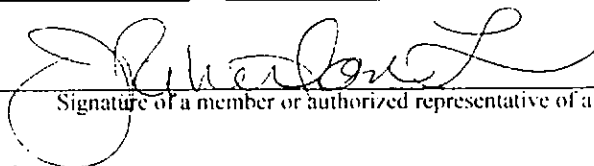
**E. Effective date, if other than the date of filing:** 7/29/22 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 29 2022



Signature of a member or authorized representative of a member

Jodi Rintelman Lawhorn

Typed or printed name of signee

Department of Health - Office of Vital Statistics

(STATE FILE NUMBER)

**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon

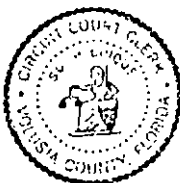
2021-001286 CI

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (First, Middle, Last)		10 MAIDEN SURNAME (If applicable)	
JODI LYN RINTELMAN		RINTELMAN	
3a RESIDENCE - CITY, TOWN, OR LOCATION		3c STATE	
DAYTONA BEACH		FLORIDA	
5 NAME OF SPOUSE (First, Middle, Last)		5a MAIDEN SURNAME (If applicable)	
MICHAEL WILSON LAWHORN JR			
7a RESIDENCE - CITY, TOWN, OR LOCATION		7c STATE	
DAYTONA BEACH		TEXAS	
9 SIGNATURE OF SPOUSE (Sign full name using black ink)		10 SIGNATURE OF SPOUSE (Sign full name using black ink)	
<i>Jodi Lyn Rintelman</i>		<i>Michael Wilson Lawhorn Jr.</i>	
11 TITLE OF OFFICIAL		12 SIGNATURE OF OFFICIAL (Sign full name)	
DEPUTY CLERK		<i>[Signature]</i>	
13 SIGNATURE OF SPOUSE (Sign full name using black ink)		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
<i>Michael Wilson Lawhorn Jr.</i>		9/1/2021	
15 TITLE OF OFFICIAL		16 SIGNATURE OF OFFICIAL (Sign full name)	
DEPUTY CLERK		<i>[Signature]</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON FULLY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SO, FULFILL THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17 COUNTY OF JURISDICTION		18 DATE LICENSE ISSUED	
VOLUSIA		9/1/2021	
19 SIGNATURE OF COURT CLERK OR JUDGE		20 DATE LICENSE EFFECTIVE	
<i>Laura E. Roth</i>		9/4/2021	
21 TITLE		22 EXPIRATION DATE	
CLERK OF THE CIRCUIT COURT		10/31/2021	
CERTIFICATE OF MARRIAGE			
THE NEXT CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY A MARRIAGE CEREMONY IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
23 DATE OF MARRIAGE (Month, Day, Year)		24 CITY, TOWN, OR LOCATION OF MARRIAGE	
10/9/21		Daytona Beach, FL	
25 SIGNATURE OF PERSON PERFORMING CEREMONY (Sign black ink)		26 ADDRESS (For ceremony performed at church, home, etc.)	
<i>[Signature]</i>		813 Runner Oaks St, Celebration FL 32909	
27 NAME AND TITLE OF PERSON PERFORMING CEREMONY (Print full name)		28 SIGNATURE OF WITNESS TO CEREMONY (Sign black ink)	
MINISTER GILBERT RAMIREZ JR.		<i>[Signature]</i>	
		29 SIGNATURE OF WITNESS TO CEREMONY (Sign black ink)	
		<i>[Signature]</i>	

SEAL

THIS SECTION IS CONFIDENTIAL PER F.S. 741.04



STATE OF FLORIDA VOLUSIA COUNTY  
 I HEREBY CERTIFY the foregoing is a true copy  
 of the original filed in this office. This

21st day of July 2021  
 Clerk of Circuit and County Court  
 By *[Signature]*  
 Deputy Clerk