## 118000243854

(Re	equestor's Name)	
(Ac	(dress)	<del></del>
(Ac	ldress)	
() (0	idic 33)	
(Cit	ty/State/Zip/Phone	<b>≠</b> )
		_
☐ SICK-NS	WAIT	MAIL
(Ru	siness Entity Name	<u></u>
(50	isiness Entity Marine	?)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
	<del></del>	
Special Instructions to	Filing Officer:	

Office Use Only



000411497250

LLC Anena

07/05/23--01010--008 \*\*60.00



A. RAMSEY AUG 1 γ 2023

## **COVER LETTER**

O: Registration Sec Division of Cor		•	•
UBJECT: MRE of a	IAX Enterprises LLC	's 11 1.1.14 C	
	Name of Limi	ited Liability Company	
he enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Michelle Lea Nowlin		
		Name of Person	
	MRE of JAX Enterprises LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Michelle Lea Nowlin  Name of Person  MRE of JAX, Inc.  Firm/Company  6005 Powers Ave., Ste. 104  Address  Jacksonville, FL 32217  City/State and Zip Code  michellelea@mreofjax.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  Lea Nowlin  Name of Person  Area Code  Daytime Telephone Number  ocheck for the following amount:  icheck for the following amount:  icheck for the following amount:  icheck for the following amount:		
	6005 Powers Ave St	e 104	
	RE of JAX Enterprises LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Michelle Lea Nowlin  Name of Person  MRE of JAX, Inc.  Firm/Company  6005 Powers Ave., Ste. 104  Address  Jacksonville, FL 32217  City/State and Zip Code  michellelea@mreofjax.com  E-mail address: (to be used for future annual report norification)  mation concerning this matter, please call:  Nowlin  Name of Person  at (_904) 379-6908  Daytime Telephone Number  Telephone Number  Area Code  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Address:  ration Section  Division of Corporations		
	Jacksonville, FL 3221	Aichelle Lea Nowlin  Name of Person  MRE of JAX, Inc.  Firm/Company  005 Powers Ave., Ste. 104  Address  acksonville, FL 32217  City/State and Zip Code ichellelea@mreofjax.com  E-mail address: (to be used for future annual report notification)  ming this matter, please call:  at (904) 379-6908  Area Code  Daytime Telephone Number  lowing amount:  \$30.00 Filing Fee & Certificate of Status	
	michelloloo@mroofiay		
	E-mail address: (	to be used for future annual report notif	lication)
for further information co	oncerning this matter, please ca	all:	
Michelle Lea Nowli	n		
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>s:</u>		
Registration S	Section	Registration Sec	
P.O. Box 632	1	i ne Centre of 1	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JUL -5 PM 12 18

M	IRE of JAX Ent	erprises LLC _		CHARY OF STATE
(Name of the Limited	d Liability Compan A Florida Limited L	iy as it now appears or lability Company)	our records.	CHARY OF STATE HASSIN FLOWER
The Articles of Organization for this Limited Lia Florida document number L18000243854		were filed on	10/18/2018	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET	(ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our reco	rds, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:	<u>N/A</u>			<del></del>
New Registered Office Address:			4	
		Enter Florida	street address	
			, Florida _	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Ro				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete ; tered agent as p egistered office	performance of my rovided for in Cha	: duties, and Lam upter 605, F.S. Oi	familiar with and r, if this document is
	N/A			

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_	Anthony O'Neil	6005 Powers Ave., Ste. 104	
		Jacksonville, FL 32217	<b>⊠</b> Remove
MGR_	Robert Johnson	6005 Powers Ave., Ste. 104	MAdd
		Jacksonville, FL 32217	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove

N/A			···			
	-		<del></del>			
			<u> </u>	*		
					<del></del> .	
	<del></del>					
		<u> </u>		<del>- ·</del>		
	<u>.</u>					
	<del>_</del> -					
				_		
	_				<u> </u>	
		<del></del>	<del></del>		<del></del>	
	_			<del></del> .		<del></del>
	<del>_</del>		<del></del>			
ective dat	e, if other than the da	ite of filing:	06/19/202	3	(optional)	
n effective da	te is listed, the date must be ate inserted in this block	e specific and cannot be p	rior to date of filing or	r more than 90 da	ys after filing.) Pur	suant to 605.0; not be listed
o <u>te:</u> 11 the a cument's ef	ate inserted in this block fective date on the Depa	artment of State's reco	rds.	ing requiremen	ns, this date with	not be usied
				.1 12	C 41 \ 22   004	
	ies a delayed effective d	ate, but not an effectiv	e time, at 12:01 a.n	n. on the earlie	roi: (b)   Ine 901	ın qay arter t
is filed.						
ted	June 29		<u>:3                                    </u>			
<u>-</u>		MON	1			
	_	11101	Ter the			
_	Si	gnature of a member or a	uthorized representat	ive of a member	-	•
			S. Rowden			

Filing Fee: \$25.00