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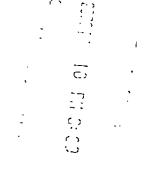
(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
SUBJECT:	Medjool Enter	prises LLC	•	•		
•.	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	James Montano					
		Name of Person	· ·			
	Medjoo	l Enterprises LLC	;			
		Firm/Company				
	162 An	derson Rd				
		Address				
	Walling	ford, CT 06492				
		City/State and Zip Code	-			
	nsn@a					
		to be used for future annual	report notificatio	n) · ·		
For further information co	oncerning this matter, please c	alł:		5		
James Montano		at (_ 203)	747-190	4		
Name of	f Person	Area Code	Daytime Tele	phone Number		
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S		<u>Street A</u> Registr	ddress: ation Section			
Division of Co	orporations	Divisio	Division of Corporations			
P.O. Box 632			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, F	L 32314		. Monroe Stre	,		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medjool Enterprises LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now app imited Liability Compan	oears on our records.) y)	
The Articles of Organization for this Limited Liability Con	npany were filed on	11/19/2018	and assigned
Florida document number L18000269310			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," tl	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muning audress MAT BE ATOST OFFICE BOAT			~)
			· •
B. If amending the registered agent and/or registered o	office address on ou	r records enter the na	me of the new regist
agent and/or the new registered office address here:		<u> </u>	
Name of New Registered Agent:			=======================================
New Registered Office Address:		:	(A) (A) (A) (D)
nem registered Office Addiçãs.	Enter	Florida street address	· · · · · · · · · · · · · · · · · · ·
		. Florida	
	City	, r iofiua _	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>	Type of Action
MGR	John Ippoliti		□Add
		10322 Medjool Dr Venice FL 34293	🏿 Remove
			□Change
MGR	Kristine Montano	162 Anderson Rd Wallingford CT 06492	X Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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tive date, if other than the date of filing fective date is listed, the date must be specific and	: 2/10/202	date of filing or r	ore than 90 days	optional)	Pursuant t	o 605 0
If the date inserted in this block does not ment's effective date on the Department of St	eet the applicab					
rd specifies a delayed effective date, but not liled.	an effective time	e, at 12:01 a.m.	on the earlier o	f: (b) The	90th day	after t
nou.						
February 9 ,	2022	. •				
	1					
	// ~ *	4				

Typed or printed name of signee