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(Re-	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
۴	EB 25 2022	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		• •
SUBJECT: Jordan Constructions Name of Lin	ion & Develo	is ment LLC
Name of Lin	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Larry	Tordan Name of Person	
Dordon	Homes, LL	<u>. </u>
	Firm/Company	
816 84	ecutive Dri	1e
Ovjedo,	FL 327 City/State and Zip Code Torden hor	6 5
1510	City/State and Zip Code	Γ
L Jordan @	(to be used for future annual	Mes [1. com
		eport notification)
For further information concerning this matter, please of	zali;	
Larry Jordan	at (407)	467 - 4872 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:		
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Division The Cen	ation Section n of Corporations ntre of Tallahassec
Tallahassee, FL 32314		Monroe Street, Suite 810 ssee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jordan Construction	on & Development, Shirt
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 3/29/19 and assigned
This amendment is submitted to amend the following:	
Tordan Construction & Define new name must be distinguishable and contain the words "Limited"	liability company here: Development FL, LLC Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
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	Please charge Federal TAX ID number 88-0645001
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ctive	date, if other than the date of filing: 2-11-2022 (optional)
effect	ive 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 60
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.
ord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed	
:d	tebruary 11 2022
	trans contain

Typed or printed name of signee