## L19000140691

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## **COVER LETTER**

TO: Registration Section Division of Corporation	s			
SUBJECT: Judah (	leigns LL	C		, av
	Name of Limit	ed Liability Company		
The enclosed Articles of Amendm	ent and fee(s) are subm	nitted for filing.		
Please return all correspondence co	oncerning this matter to	the following:		
	Angel Can	Name of Person	<u> </u>	
	Judah	Reigns 2	LLC	
<u></u> 6	240 W O	akland Pak	ek Blud	#376
<u>L9</u>	uderhill,	FL 33319		
<u>a</u>	Cdewittpurp E-mail address: (10	FL 33319 City/State and Zip Code DSE @ 9MD11 be used for future annual	report notification)	
For further information concerning				
Angel Carey-D	ewitt	at (954)	235- 734	13
Name of Person		Area Code	Daytime Telephor	ne Number
Enclosed is a check for the followi	ng amount:			
	.00 Filing Fee & entificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enc		\$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

C	)F	100 M
Judah Reigns (Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900014069</u> ].	were filed on 5/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A. C. Dewitt Mer The new name must be distinguishable and contain the words "Limited Liabi	The LLC lity 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)	6240 W. Oakland #316 Lauckrhii	
4		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6240 W. Oaklar #376 Landerhil	nd ParkBIVD 1, FL 33319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
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>	<u>Address</u>	Type of Action
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Note: If 1	date, if other than the date of filing: (optional) (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	.0207 ed as
record spliced.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
– ated	Jure 8, 2020 Mars. 2020	
wvu	1 0	
	Signature of a member or authorized representative of a member	