## 49000173145

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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07/19/24--01024--016 \*\*25.00

FILED Jul 19, 2024 08:00 AM Secretary of State

## **COVER LETTER**

And the second

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	bor Dr LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	FILED
Please return all correspo	indence concerning this matter	to the following:	Jul 19, 2024 08:00 AM Secretary of State
	Julie Goldstein		
		Name of Person	<del></del>
		Firm/Company	
	9801 N Oak Knoll Circle		
	-	Address	
	Davie, FL 33324		
	jsg102@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	stification)
For further information c	oncerning this matter, please ca	all:	
Julie Goldstein		954 895-1605	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 S	Section	Street Address: Registration S	
Division of C	-	Division of Co The Centre of	<del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Jul 19, 2024 08:00 AM Secretary of State

6750203Arbor Dr LLC

(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  $\frac{07/03//2019}{}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_L19000173145 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JS23 LLC 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: New Registered Office Address: Enter Florida street address , Florida \_\_ City

## 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 wit. accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilicompany 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>	Name	Address	Type of Action
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E. Effective dat	e, if other than the da	te of filing:		(optio	onal) filing.) Pursuant to 605.0207 (
Note: If the d	ite is listed, the date must be late inserted in this block fective date on the Depar	does not meet the app	plicable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605,0207 (, date will not be listed as tl
If the record speci- record is filed.	fies a delayed effective da	ite, but not an effectiv	re time, at 12:01 a.n	i. on the earlier of: (b	The 90th day after the
July 1- Dated	1	2024	_		
Dateu					
	H = 1		ì		

Filing Fee: \$25.00

Typed or printed name of signee