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DATE:

6/3/20

NAME:

JORDAN GROUP LLC

TYPE OF FILING: AMENDMEN

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Division of	n Section Corporations		
	group LLC		
SUBJECT:	····		
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	Gabriela Arias		
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	702 San Antonio St. 4th	Floor	
		Address	
	Austin, TX 78701		
		City/State and Zip Code	
	fulfillment@zenbusiness.c		· · · · · · · · · · · · · · · · · · ·
For further information	e-mail address:	(to be used for future annual report no call:	ottiication)
Gabriela Arias		512 237-7349	
Nar	me of Person	at () Area Code Dayt	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$30.00 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)
<u>Mailing Ado</u> Registratio		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box (Tallahasse	6327 re, FL 32314	The Centre of 2415 N. Mon	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

jordan group LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/22/2020	and assigned
Florida document number L20000110100		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Jordan Group Restorations LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020 SHC TALL
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		NS A
Enter new mailing address, if applicable:		्रिं शिक्ष शिक्ष
(Mailing address MAY BE A POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		S7 ₩ Ŭ
		SE 32
B. If amending the registered agent and/or registered office a	address on our records, enter the n	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	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Add
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Filing Fee: \$25.00