(VIA)

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(R	Requestor's Name)
(A	ddress)	
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(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Jusiness Entity Na	nme)
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COVER LETTER

rporations						
JEINARY SERVICES LLC						
SUBJECT:						
f Amendment and fee(s) are sub	mitted for filing.					
ondence concerning this matter	to the following:					
David Mark						
Name of Person						
LONDONMARK						
-	Firm/Company					
8209 N Klondyke St	8209 N Klondyke St					
Address Tampa, FL 33604						
				City/State and Zip Code		
· -						
		heation)				
concerning this matter, prease co						
of Person	at ()	ne Telephone Number				
or i cismi	raca code trayam	е тегерионе (чиност				
the following amount:						
☐ \$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)				
	Street Address:	etian				
	-	Registration Section Division of Corporations				
-	The Centre of T	-				
	f Amendment and fee(s) are sub ondence concerning this matter David Mark LONDONMARK 8209 N Klondyke St Tampa, FL 33604 chefdavidmark@gmail.com E-mail address: (concerning this matter, please c of Person the following amount: \$30.00 Filing Fee &	Name of Limited Liability Company F Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: David Mark				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears on our records.) red Liability Company)	
nny were filed on January 05, 2021	and assigned
iability company here:	
iability Company," the designation "LLC" or t	he abbreviation "I_L_C."
N/A)
)	-
	<i>∾</i>
	<u></u>
N/A	
ce address on our records, <u>enter the i</u>	name of the new regi
Enter Florida street address	
li laridi	
, Florid: , City	Zip Code
	iability company here: iability Company," the designation "LLC" or the N/A N/A N/A N/A See address on our records, enter the new t

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>	Address	Type of Action
N/A			□Adð
			□Remove
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lffec	tive date, if other than the date of filing: N/A (optional)
f an et Note:	fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
е тесо	rd specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the
rd is f	iled.
	7024
Dated	August 19 2024
	avil /a/
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00