L21000029802

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2023 SEP 18 AH 7:3

9/29/2023

COVER LETTER

TO:

Registration Section Division of Corporations

	DINGS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Hanah Loya				
		Name of Person			
	Storey Law Group, P.A.				
		Firm/Company			
	221 NE Ivanhoe Blvd., Ste	2. 300			
		Address			
	Orlando, FL 32804				
		City/State and Zip Code			
	hloya@storeylawgroup.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please c	all:			
Hanah Loya		407 488-1225 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$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)		
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction		
Division of C		_	Division of Corporations		
P.O. Box 632	27	The Centre of T	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCEC HOLDINGS LLC

2023 SEP 18 AM 7: 36

(<u>Name of the Limited Liability Cor</u> (A Florida Limi	npany as it now appears on our led Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparing Florida document number L21000029802	any were filed on $\frac{01/13/2021}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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 BON)		
B. If amending the registered agent and/or registered offic	ce address on our records. o	inter the name of the new register
agent and/or the new registered office address here:	et agares, on our retords, s	The state of the s
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street e	uldress
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	rte performance of my dutions of provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR ERIN C. CONCELMAN		RIN C. CONCELMAN 185 N. Lakemont Ave. Winter Park, FL 32792	
			≡ Remove
			□Change
			Remove
			
			🗀 Add
			□Remove
			
			🗆 Add
			🗆 Remove
			□Change
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(If an effecti <u>Note:</u> If t	date, if other than ve date is listed, the date the date inserted in this 's effective date on the	must be specific : block does no	ind cannot be pri- t meet the appl	icable statute	ling or more than	(option) 90 days after til rements, this d	ing.) Pursuant to 6	95.0207 (3 sted as th
	d specifies a dela Oth day after the r			ot an effe	ctive time,	at 12:01 a.r	n. on the ear	lier of:
Dated Au	gust 16	<u> </u>	_ · 2023					
	-/2/1	tel		<u> </u>			<u>.</u>	
		Signature of	a member or aut	norized repre	sentative of a mo	mper		
	John Constantine							

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Filing Fee: \$25.00