## 121000078751

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700362177617

SECRETARY OF STATE

AM II: 55

APR 1 - 2021

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/13/2021

NAME: A. R. JANDA ENTERPRISES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## ARTICLES'OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERPRISES LLC	
ompany as it now appears on our reco	rds.)
oany were filed on 02/16/2021	and assigned
liability company here:	
Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
N/A	
<u> </u>	
N/A	
ice address on our records, <u>ente</u>	間言し
	नित्रं ज
Enter Florida street addr	ess
_	71
, <b>t</b> , <b>t</b>	Florida Zip Code
	empany as it now appears on our recoited Liability Company)  company were filed on 02/16/2021  Ciability Company," the designation "LI N/A  N/A  N/A  Enter Florida street addr  Enter Florida street addr

## 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>	Address	Type of Action
AMBR ANTHONY R JANDA	ANTHONY R JANDA	1836 LAKE FOREST LANE	■Add
	FLEMING ISLAND, FL 32003	□Remove	
			Change
		□Add	
		□Remove	
		Change	
			□Add
		Remove	
		[]Change	
		□Add	
		□Remove	
		Change	
<del></del>	<del></del>	<del>-</del>	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

N/A	
<del></del>	
<u> </u>	
	<del>-</del>
<b>Tective date, if other than the date</b>	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block of	does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Depart	timent of State's records.
ecord specifies a delayed effective dat is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
APRIL 13	2021
nted	
ited	
ated	•
	nature of a member or authorized representative of a member