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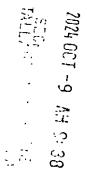
(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
 		
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COVER LETTER

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TO: Registration S Division of Co			
	CHLER LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	JANE W PETERSON		
		Name of Person	
	JANE PETERSON LLC		
		Firm/Company	
	1740 LYNDALE BOULE	VARD	
		Address	
	MAITLAND, FL 32751		
		City/State and Zip Code	
	janef101@gmail.com		<u> </u>
For further information	concerning this matter, please o	to be used for future annual report no	diffication)
	•		
ROBERT C. RAPE, CP.		407 773-0716 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	Section	Street Address: Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	orporations
Tallahassee,	- ·		roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANE FOCHLER LLC				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)			•
The Articles of Organization for this Limited Liability Company Florida document number [L21000112341]	were filed on 3/9/2021		_ and a	essigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
JANE PETERSON LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r theiabbre	vistion '	L.L.C."
Enter new principal offices address, if applicable:	1246 LVAIDALE DOLU EVADO		8	
(Principal office address MUST BE A STREET ADDRESS)	1740 LYNDALE BOULEVARD		 1	ew registered
	MAITLAND, FL 32751 Applicable:			
Enter new mailing address, if applicable:		•		; ♥ ia ***** i =**
• • •	address, if applicable:	 		
(Maning address MAT BE A POST OFFICE BOA)				
		· · ·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	<u>e name (</u>	of the n	iew registere
Name of New Registered Agent:	<u>-</u>			
New Registered Office Address:	Futar Florida straat address			
	Enter Florida street address			
	, Florie	da	Zip Coc	la .
New Registered Agent's Signature, if changing Registered Agent:			zip coc	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.S	I am fai S. Or, if	niliar v this do	with and ecument 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

Title	Name	Address	Type of Action
AMBR	JANE W FOCHLER	955 N ORLANDO AVE #114	
		MAITLAND, FL 32751	_
			□Change
AMBR	JANE W PETERSON	1740 LYNDALE BOULEVARD	≘Add
		MAITLAND, FL 32751	□Remove
			□Change
****			□Add
			□Remove
		Change	
			□Add
			□Remove
			□ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove

		
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n effecti <u>ite:</u> If t	date, if other than the date of filing:	207 I as
ecord spis filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ted	9/23/24	
	My / _	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00