## L21000117317

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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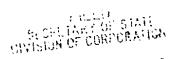
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JACQUELINE A. Frank Name of Person	
JAF Toteriors Firm/Company	
1222 Pine Soge Cr.	
W. P. B. 11 33409  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SACQUEINE Frank at (501) 389-5263 Wame of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	
Mailing Address:  Registration Section  Street Address:  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



21 APR -7 PM 1:19 The Articles of Organization for this Limited Liability Company were filed on March 11, 2021 and assigned Florida document number L21000117317 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the 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

## 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:

f

MGR = M $AMBR = A$	lanager Authorized Member		ONVICTOR OF ST	ATC Etmo
<u>Title</u>	<u>Name</u>	Address	21 APR -7 PH 1:	Type of Action
MGR	Jacqueline Frank Maria S. Reynolds	1222 Pi	ne Soge Cr.	IDAdd
MGR	MAria S. Reynolds	11119 SW DOCT. St.	Hadley St. 240	
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If an effective date is Note: If the date i	other than the date listed, the date must be sp nserted in this block d we date on the Departr	pecific and cannot be oes not meet the a	e prior to date of filir applicable statutor	ng or more than 90 d		
e record specifies a ord is filed.	delayed effective date	e, but not an effec	tive time, at 12:01	a.m. on the earlie	er of: (b) The 90th d	ay after the
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	Jacquelin	re A	risk			
	Signa	iture of a member o	r authorized represe	ntative of a member		

Filing Fee: \$25.00