

To:

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2024-08-28 05:54:54 UTC+14

18506176393

From: ZenBusiness User

**L21000118459**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000286677 3)))



H240002866773ABC9

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
J.P. ALEXANDER HOLDINGS LLC

|                       |         |
|-----------------------|---------|
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| Page Count            | 04      |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 28 2024

H24000286677 3

J.P. Alexander Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2024 AUG 27 AM 2:46  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/12/2021 and assigned Florida document number L21000118459.

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)

419 North Orange Avenue Apt. 1220

Orlando, FL 32801

US

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

410 North Orange Avenue Apt. 1220

Orlando, FL 32801

US

**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

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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.*

**II Changing Registered Agent, Signature of New Registered Agent**

To:

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18506176333

From: ZenBusiness User

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>               | <u>Address</u>                    | <u>Type of Action</u>                      |
|--------------|---------------------------|-----------------------------------|--|
| AMBR         | Jean-Paul Alexander Moore | 410 North Orange Avenue Apt. 1220 | <input type="checkbox"/> Add               |
|              |                           | Orlando, FL 32801                 | <input type="checkbox"/> Remove            |
|              |                           | US                                | <input checked="" type="checkbox"/> Change |
|              |                           |                                   | <input type="checkbox"/> Add               |
|              |                           |                                   | <input type="checkbox"/> Remove            |
|              |                           |                                   | <input type="checkbox"/> Change            |
|              |                           |                                   | <input type="checkbox"/> Add               |
|              |                           |                                   | <input type="checkbox"/> Remove            |
|              |                           |                                   | <input type="checkbox"/> Change            |
|              |                           |                                   | <input type="checkbox"/> Add               |
|              |                           |                                   | <input type="checkbox"/> Remove            |
|              |                           |                                   | <input type="checkbox"/> Change            |
|              |                           |                                   | <input type="checkbox"/> Add               |
|              |                           |                                   | <input type="checkbox"/> Remove            |
|              |                           |                                   | <input type="checkbox"/> Change            |
|              |                           |                                   | <input type="checkbox"/> Add               |
|              |                           |                                   | <input type="checkbox"/> Remove            |
|              |                           |                                   | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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FALLINGHAM, SCOTT  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-27-2024 BY 60322 UCBAW

**E. Effective date, if other than the date of filing:** (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 27th 2024

/s/ Jean-Paul Alexander Moore

Signature of a member or authorized representative of a member

Jean-Paul Alexander Moore

Typed or printed name of signee