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COVER LETTER

TO: Registration : Division of Co			
	Distribution LLC	• •	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jake M Kiernan		
		Name of Person	
	Jake's Sober Services LLC	2	
		Firm/Company	
	815 Middle River Drive U	Init 215	
	<u> </u>	Address	
	Name of Limited Liability Company Price of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Jake M Kiernan Name of Person Jake's Sober Services LLC Firm/Company 815 Middle River Drive Unit 215 Address Fort Lauderdale. Florida 33304 City/State and Zip Code jake.kiernan02@gmail.com E-mail address: (to be used for future annual report notification) reaction concerning this matter, please call: Name of Person Area Code Daytine Telephone Number at (631 7044818 Name of Person Certificate of Status Certified Copy (additional copy is enclosed) g Address: Registration Section On of Corporations By Kireet Address: Registration Section Division of Corporations The Centre of Tallahassee		
		City/State and Zip Code	
	=		
For further information		•	tification)
Jake Kiernan			
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addre Registration			ection
Division of 0	Corporations		
P.O. Box 63 Tallahassee	- '	The Centre of	Fallahassee
rananassee.	1 L J2J17	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code		
	Fort Lauderdale	, riof	Florida ³³³⁰⁴		
		Enter Florida street address			
New Registered Office Address:	815 Middle Riv	ver Drive Unit 215			
Name of New Registered Agent:	Jake Kiernan	 			
			53 S		
If amending the registered agent and/or ent and/or the new registered office add		address on our records, <u>enter th</u>	e name of the new regist		
			第二章		
		Fort Lauderdale, Florida, 33304	Fr. 20 1.		
lailing address MAY BE A POST OFFIC	<u>(E BOX)</u>	Unit 215	OCT OCT		
Enter new mailing address, if applicable:		815 Middle River Drive	2021		
		Tort Lauderdaic, Piorida, 55504			
(Principal office address MUST BE A STREET ADDRESS)		Unit 215 Fort Lauderdale, Florida, 33304			
Enter new principal offices address, if applicable:		815 Middle River Drive	 -		
		·	or the appreviation "L.E.C.		
ke's Sober Services LLC e new name must be distinguishable and contain the	community of finality of fifther	Her Community Wife And an action of 1 Comm	and the delication will be a		
If amending name, enter the new name	of the limited liab	ility company here:			
nis amendment is submitted to amend the fo	C				
orida document number L21000153917	·				
ne Articles of Organization for this Limited	Liability Company	were filed on 04/02/2021	and assigned		
(Name of the Lit	nited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			

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 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
MGR	Jake Kiernan	815 Middle River Drive, Unit 215, Fort Lauderda	de Flo nd 33304 ■ Add
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record specific is filed.	s a delayed	effective date.	, but not ar	i effective t	ime, at 12:0	l a.m. on	the earlier	of: (b)	The 90th	day after	r the
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		Signat	ure of a me	mber or auth	orized repres	entative of	a member				

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