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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Se Division of Cor			
	t Street LLC		
	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keith Roher		
		Name of Person	
	JAKZ Platt Street LLC		
Firm/Company			
	3604 S Waverly Pl		
		Address	
	Tampa, Fl 33629		
		City/State and Zip Code	
	kroher@nextlevelimpacts.c	om to be used for future annual report no	Alfordian)
For further information of	concerning this matter, please c	•	uncanon
Keith Roher		813 267-3019	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ection
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	Z410 N. MOND	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records. Florida Limited Liability Company))
ility Company were filed on	
ing:	
e limited liability company here:	
is "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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ADDRESS)	
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	••
istered office address on our records, <u>enter t</u> h <u>ere</u> :	he name of the new regis
Enter Florida street address	
	• 1
, F10	rida Zip Code
	ing: te limited liability company here: Is "Limited Liability Company," the designation "LLC" Ile: ADDRESS) istered office address on our records, enter there: Enter Florida street address Florida street address 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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		Add
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(If an effecti Note: If	e date, if other that tive date is listed, the d the date inserted in it's effective date or	late must be specific at this block does not	nd cannot be prior to t meet the applical	ole statutory filing	requirements, this	onal) filing.) Pursuant to 60: date will not be list	5.0207 (3 ted as th
	rd specifies a de	elayed effective ne record is filed	date, but not i.	an effective tir	me, at 12:01 a	.m. on the earli	er of:
the recor) The 90	our day arter ti						
) The 90 Ox	ctober 17		2023				
) The 90	·	K	2023		-		
) The 90 Ox	·	K	7/	ized representative o	- f a member		

Page 3 of 3

Filing Fee: \$25.00