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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067 Phone : (239)434-4922 Fax Number : (239)213-5452

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE JASON OF ALL TRADES, LLC

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| | | ion of Corporations | | |
|-----------------|--|--|--|--------|
| | The Jason o | of All Trades, LUC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Lorijene Martin | | |
| | | | Name of Person | |
| | | Quarles & Brady, LLP | | |
| | | | Firm/Company | |
| | | 1395 Panther Lane Suite 3 | 00 | |
| | | | Address | |
| | | Naples, FL | | |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | | 34109 | | |
| | | | to be used for future natural report netrification) | |
| For further in | nformation c | oncerning this matter, please c | ali: | |
| Lorijane Ma | ırtin | | 239 434-4904 Area Code Daytime Telephone Number | _ |
| | Name o | f Person | Area Code Daytime Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | |
| S \$25,00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Cortified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | atus & |
| Re Di P.(| gistration ly vision of C D. Box 632 llahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Taliahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303 | |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Come | sanv as it now annears on our records.) |
|--|--|
| (A Florida Limited | Liπbility Company) |
| The Articles of Organization for this Limited Liability Compan | y were filed on 04/26/2021 and assigned |
| Florida document number L21000191559 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Link | sility Company." the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5760 Shirley Street, Unit 1, Naples, FL 34109 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| The state of the s | 5760 Shirley Street, Unit 1, Naples, F1, 34109 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | _2700_SHITEY_SHEEK_COOCH, Capital Park |
| GNAILING HEATESS MAT BE A POST OF TICE BOX | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registered |
| | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <i>→</i> ~ |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | provided for in Chapter 605, F.S. Or, if this document is e address, I hereby confirm that the limited liability —: |
| | |
| | anging Registered Agent, Signature of New Registered Agent, |
| It Chi | Bulling Reflerence Whear Billimme in teen welfiging on When! |

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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 |
|--------------|-----------------|---|----------------|
| AMBR | Jenny B. Wagnon | 5760 Shirley Street, Unit 1, Naples, FL 34109 | _ □Add |
| | | | _ BRemove |
| | | | _ Change |
| MGR | jason A. Wagnon | 5760 Shirley Street, Unit 1 Naples, FL 34109 | _ Add |
| | | | ⊡Remove |
| | | | _ XiChange |
| | | | _ 🗆 Add |
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| Ifan | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: |
| he reco ord is fi | d 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 led. |
| D | December 22 2023 |
| Dated | |
| | 1ch/s- |
| | Signature of a mapriber or authorized representative of a member |
| | Jason A. Wagnon Typed or printed name of signer |