

Division of Corporations Electronic Filing Cover Sheet

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Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S & J OWENS CO LLC

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~ To: 18506176381 From: 19165767036 Date: 10/05/21 Time: 9:56 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & J OWENS CO LLC

	Section Bridge Base		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	388 1840
The Articles of Organization for this Limited Liab	ulity Company were filed on	5/6/2021	and with the state of the state
Florida document number <u>L21000212671</u>	<del></del> ·		-5 F CO.
This amendment is submitted to amend the follow	ing:		AM 10:
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	9: 1.7
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		···
(Principal office address MUST BE A STREET.	ADDRESS)		
Face and the state of the Post			
Enter new mailing address, if applicable:	- <del></del>		
(Mailing address MAY BE A POST OFFICE BO		<del></del>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		cords, enter the na	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City	, 1 101100	Zip Cöde
New Registered Agent's Signature, if changing Reg	gistered Agent:	_	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performance of a red agent as provided for in C gistered office address, I hereb	my duties, and Lam Thapter 605, F.S. Or	familiar with and : if this document is

If Changing Registered Agent, Signature of New Registered Agent

- To: i8506176381 From: 19165767036 Date: 10/05/21 Time: 9:56 AM Page: 04/05

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	SANDRA OWENS	14933 CAPRI LN HUDSON, FL 34667	\_\_\_\_\_\_\\ \Add
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			□Change

). If amendin	any other information, enter change(s) here:	: (Attach additional sheets, if necessary.)		
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		<del>,.</del>		
Note: If the	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to liste inserted in this block does not meet the applical frective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing ) Pursuant ble statutory filing requirements, this date will not b	to 605 O pe listed	)207 (3)() } as the
the record spe cord is filed.	fies a delayed effective date, but not an effective tim	ne, at 12.01 a.m. on the earlier of: (b) The 90th day	y after t	the
Dated	September 17 2021	lin		
	Signature of a member or author  Sandra O  Typed or printed	)wens		

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