L21000397315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Jobbs Rehabilitation and Restoration LLC
Name of Firm/Corporation/Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Jackson
Name of Person

Jobbs Rehabilitation and Restoration LLC
Firm/Company

5430 GWEN LANE PLACE
Address

PACE, FL 32571
City State and Zip Code

Tina@pawpawsmallengines.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Jackson at (850) 4503235
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 AUG 14 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jobbs Rehabilitation and Restoration LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/07/2021 and assigned Florida document number L21000397315.

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)

5430 GWEN LANE PLACE
PACE, FL 32571

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5430 GWEN LANE PLACE
PACE, FL 32571

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: TINA JACKSON

New Registered Office Address: 5430 GWEN LANE PLACE
(Enter Florida street address)

PACE, 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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
AMBR	Daniel Cobb	9720 Sandpiper St.	Add
		Pensacola, FL 32514	Remove
			Change
MGR ~~AMBR~~	Tina Jackson	5430 GWEN LANE PLACE	Add
		PACE, FL 32571	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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			Add
			Remove
			Change
			Add
			Remove
			Change

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

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 [illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be [illegible] 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 [illegible] record is filed.

Dated July 20th 2024

Warren K Jackson
Signature of a member or authorized representative of a member

Warren Keith Jackson
Typed or printed name of signer

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2024 JUL 14 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00