L21000439456

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COVER LETTER

TO: Registration Solution of Co			•
Jody Welc	h LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Jody Weich		
	hy Welch LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Jody Welch Name of Person Jody Welch LLC Firm/Company 19116 NW CR 2054 Address Alachua, Florida 32615 City/State and Zip Code jody.welch79@yahoo.com E-mail address: (to be used for future annual report notification) mattion concerning this matter, please call: Name of Person Name of Person Daytime Telephone Number eck for the following amount:		
	Jody Welch LLC		
		Firm/Company	
	19116 NW CR 2054		
		Address	
	Alachua, Florida 32615		
		City/State and Zip Code	
For further information		·	icanon)
Jody Welch		at (
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jody Weich LLC	ing as it now appears on our records)	
(Name of the Limited Liability Compa (A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000439656</u> .	were filed on 10/07/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:		807 29 1
(Mailing address MAY BE A POST OFFICE BOX)		7-5 R2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

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	Jeffery C. Wright	19116 NW CR 2054	■Add
		Alachua, FL 32615	□Remove
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effective date is liste	d, the date must be specifited in this block does	ic and cannot be prior	or to date of filing or	more than 90 days at	ter filing.) Pursuant to 6	i05.02
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cord specifies a del s filed.	ayed effective date, bu	t not an effective	time, at 12:01 a.m	on the earlier of:	(b) The 90th day at	iter th
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Typed or printed name of signee