L21000444353

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C. BRUMBLEY
DEC 13 2021

COVER LETTER

TO: Registration Section Division of Corpor		•	
CHDIECT.	TADD	ILC.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Th	URSO BOILORD Name of Person	
	Î	Firm/Company	
	9015 Straire	r Read Apt. 114	
	Tallahass	City/State and Zip Code	
-		11ce gmail con	
For further information conc	erning this matter, please ca	11:	
There So B	CMCU CI	at (<u>173</u>) 285 - Area Code Daytime	C CO W e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J GOAI	LC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 21060444353</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	13 PH 4:
The new name must be distinguishable and contain the words "Limited I	
Enter new principal offices address, if applicable:	17726 Winegard Road
(Principal office address MUST BE A STREET ADDRESS	vrlancio, Fl 32809
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777alo Winegard Ruad Orlandio, FL 33809
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	O Winecjard Road Enter Florida street address
Orla	ndo Florida 32809
	City Zip Code
New Poulstaned Agent's Signature if changing Pagistared Ag	rent:

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 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
M <u>anaging</u> Member	Theresa A. Ballard	7726 Winegard road	□Add
Member		orlando, FL 32809	□Remove
			Change
			□ Add
			🗆 Remove
			□Change
			□Add
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			□ Change
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			□ Change

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(If an effective Note: I	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated	
Dated _	Signature of a member or authorized representative of a member
Dated _	Signature of a member or authorized representative of a member Thure So Bollard Typed or printed name of signee