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| (Requestor's Name) (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Contification of Status |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| J. HORNE |
| MAR 1 4 2022 |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|----------------------------------|---|--|
| SUBJECT: Jona | Than's Landing | | iencent LLC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Paul Sto | ockal) | |
| | Jonathan's Las | Name of Person M. J. M. G. Perty N. Firm Company Secky TS Laml A. Address | langement LLC |
| | 3322 Cas | secky Islam A | Cd Apt 1103 |
| | Jupiter. | F1 33 477 City/State and Zip Code | |
| | Day Stockel | Mac. Com To be used for future annual report notif | fication) |
| For further information c | oncerning this matter, please ea | nil: | |
| Paul Stock | f Person | at (<u>305</u>) <u>5/0</u> 0 Area Code Daytim | 6503 e Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ED \$25.00 Filing Fee | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | S60.00 Filing Fee. |
| Eg 32wv i mig r cc | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy radditional copy is enclosed) |
| | | | |

TO:

<u>Mailing Address:</u> 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

| 16 | F_{ij} |
|--|---|
| ARTICLES OF O | RGANIZATION A A FO |
| Ol | F CUZZHAR |
| Tonutions Lundin Prof. (Name of the Limited Liability Complete (A Florida Limited L.) | RGANIZATION F 2022 HAR AM 8: 36 By as it now appears on our records. iability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on $O + 19 / 202$ and assigned |
| Florida document number <u>121000455245</u> . | / |
| riorida document number 22.1100 7.53 d. 1.5. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liabili | |
| The new mane make of distinguishable and contain the words. Entired Entoni | cy company. The designation into or the more ration. Control |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |

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: | | |
|--------------------------------|-------------------------|-----------|
| New Registered Office Address: | | |
| | Enter Florida street ac | ldress |
| | | , 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 |
|--------------|---------------|--|----------------|
| Myr | Paul Stockall | 3322 Cusseeky Iskund Od Apt 1103 Jupiter F/ 334 | @Add |
| | | Apt 1103 Jupiter F/ 334 | 21 Remove |
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| (It an e <u>Note</u> | tive date, if other than the date of filing: |
| cord is t | Man 4/22 Man 4/22 Man 4/22 |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00