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6. HUNTE CSY16/24

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	HEDS & MORE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jake W Meyer		
		Name of Person	
	JAKE S SHEDS & MORI	E L.I.C	
		Firm/Company	·····
	5909 S Pine Ave		
	-	Address	
	Ocala, FL 34480		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jake W Meyer		352 361-9639	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	nation
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears or la Limited Liability Company)	our records.)	
Company were filed on 11/04/	2021 and as	signed
nited liability company here:		
mited Liability Company," the desig	nation "LLC" or the abbreviation "L	.L.C."
RESS)	- 1	
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	<u> </u>	
ed office address on our reco	rds, <u>enter the name of the ne</u>	w regist
Enter Florida	street address	
City	, Florida Zip Code	•
	Company were filed on H1/04/ nited liability company here: mited Liability Company," the designment of the designment o	RESS) Enter Florida street address Florida

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
MGRM	Ellen Meyer	3508 NE 22ND COURT	■ Add
		Ocala, FL 34479	□Remove
			□Change
	- The last to the same		□Add
			Remove
			□Change
			□Add
			Remove
			□Change □Change □Change □Change □Change □Change
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ective date, if other than th	e date of filing: 09/01/2024 ust be specific and cannot be prior to date of	(optional)
<u>te:</u> If the date inserted in this b	block does not meet the applicable statu	filing or more than 90 days after film itory filing requirements, this dat	g.) Pursuant to 605.020 e will not be listed as
cument's effective date on the I	Department of State's records.		
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cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12	or a.m. on the earner or, (o) - t	ne 90th day after the
Canton hor 1	2024		
September 1 ed	. 2024		
	h. Mi		
/ 1/2/1			

Typed or printed name of signee