121000484175

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T. MATTHEWS DEC - 2 2021

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: JODY'S FO	DLLY LLC		
	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:	
	LEHN E. ABRAMS		
		Name of Person	
	ARNOLD, MATHENY &		
		Firm/Company	
	605 E. ROBINSON STRE		
		Address	
	ORLANDO, FLORIDA 3		
		City/State and Zip Code	
	LABRAMS@AMEORL.C E-mail address: (OM to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
LEHN E. ABRAMS		at (407) 841-1550	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following 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 Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 Co	ompany were filed on Novembe	r 9, 2021 and assigned
Florida document number <u>1.21000484175</u>	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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>	Name	Address 21 HOV 16 PH 3: 35	Type of Action	
MGR	ALLAN J. LUIHN	1171 CORAL WAY	□Add	
		RIVIERA BEACH, FL 33404	□Remove	
			□Add	
			□Remove	
			Change	
			□Add	
			□Remove	
			□ Change	
			□Remove	
			□Change	
		<u></u>	□Remove	
			□Change	
			□Add	
			Пратока	

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Effecti	e date, if other than the date of filing: NOVEMBER 9, 2021 (optional)
lf an effe	ctive 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 605 0207 t
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	nt's effective date on the Department of State's records.
e record	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
rd is file	d.
Dated_	NOVEMBER 15 , 2021 .
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	the 7/65
	Signature of a member or authorized representative of a member Lelin E. Abra
	· / 1/ / LI/ / /

Typed or printed name of signee