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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111

Fax Number : (727)461-6430

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Em-41	Address:			
tmall	Adaress:			

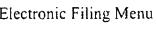
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ST. JACKSON LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ST. JACKSON LLC		
(Name of the Limited L (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L21000522685		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the nan</u> ere:	ne of the new registered
Name of New Registered Agent:		- = = = = = = = = = = = = = = = = = = =
		6 134
New Registered Office Address:	Enter Florida street address	P
	, Florida	<u>15</u>
-	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.

From: Lisa Shurran

- Fax: 17274611111

To:

Fax: (850) 617-6383

Page: 3 of 4

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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

Title	Name	Address	Type of Action
MGR	TERRYSON JACKSON	5723 WHITE HICKORY CIRCLE	
		TAMARAC, FL 33319	≣Remove
			Change
S	VERSAN JOHNSON, MD	2340 WHITE DOGWOOD LOOP	≅Add
		LUTZ, FL 33549	□Remove
			Change
T	JASON O. JOHNSON, MD	2340 WHITE DOGWOOD LOOP	⊞ Add
		LUTZ, FL 33549	Remove
			□Add
			□ Remove
			☐ Change
			
			□Remove
			Change
			bbA⊡
			□Remove
			☐ Change

To:

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lfan effect Note: If	ve date, if other than the date of filing:	otional) fler filing.) Pursuant to 605.0207 (this date will not be listed as t
e record s rd is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ed.	(b) The 90th day after the
Dated \	June 10 (2023)	
_	Signature of a member of authorized representative of a member	