## L21000531489

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(City/State/Zip/Phone #)
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FILED SECRETARY OF STATE TOTAL OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Division of C			
Jon Gard	ner LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Janette Zaleski		
		Name of Person	
	Hale and Doerr LLC		
		Firm/Company	
	913 Gulf Breeze Parkway	Ste 4	
	-	Address	
	Gulf Breeze FL 32561		
		City/State and Zip Code	
	info@haledoerr.com		
		to be used for future annual report	notification)
For further information	concerning this matter, please ca	all:	
Janette Zaleski		850 934-428	8
Name	of Person	at ()	ytime Telephone Number
Enclosed is a check for	the 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 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

FILED
SECRETARY OF STATE
PROBLEM OF CORPORATIONS

dn Jon Garnder LLC 2022 AUG -8 AM 9: 08 :

(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 Company were filed on  $\frac{12/17/2021}{1}$ \_\_\_\_\_ and assigned Florida document number L21000531489 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; Jonathan Gardner LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: 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.

City

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00

Typed or printed name of signee