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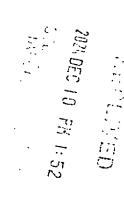
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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DATE: 12/10/2024

NAME: JDEM PROPERTY MAINTENCE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

COVER LETTER

Division of Corporations
SUBJECT: JDFM PROPERTY MAINTENCE L Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane of Person
Firm/Company
3601 W GATOR CIRCLE
CAPE CORAL FL 33909. City/State and Zip Codo City/State and Zip Codo Cern E-maj detress to be used for future annual report notification)
E-man didress to be used for future annual report notification)
For further information concerning this matter, please call:
Torcice Del 13:0 at (5/2) 203 0098. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (widditional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JOEM PROPE	Company as It now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\angle 220000$.	ompany were filed on $13/38/3021$ and assigned $54/7$.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
JOEM PROPERTY	MAJN TENI-NCE. LCC. red Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
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 street 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>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date m lote: If the date inserted in this locument's effective date on the	ne date of filing: (optional) ust be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605 block does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	ed as
record specifies a delayed effect l is filed.	ive date, but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated 13/10/30	734	
1	. ~ // ()	
	Signature of a idember of authorized representative of a member	

Filing Fee: \$25.00