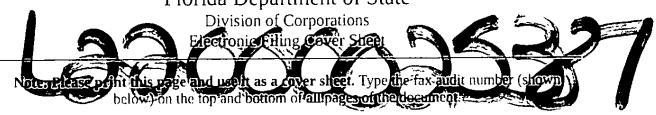
Florida Department of State



(((H220000406523)))



H220000406523ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAAG FL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAAG FL LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del> -
The Articles of Organization for this Limited Liabi Florida document number L22000025387	lity Company were filed on 01/11/22	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Nancy Buys Homes FL LLC		***************************************
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	(ADDRESS)	
		<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address h	istered office address on our records, <u>enter th</u> nere:	e name of the new registered
Name of New Registered Agent:		22
New Registered Office Address:		
new Registered Office Address.	Enter Florida street address	- 2 <u>-</u> ω -
	Flori	da:
	Cuy	Zip:Code
New Registered Agent's Signature, if changing Reg		Ō.
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my duties, and cred agent as provided for in Chapter 605, F., gistered office address, I hereby confirm that	1 am jaminar with and S. Or, if this document is

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

ANIDIX F	dinorized inclinaci		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
		OC	
			□Add
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				-
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the ap	plicable statutory itun	(optional) ore than 90 days after filing g requirements, this date	) Pursuant to 605.0207 ( will not be listed as t
e record specifies a delayed effective d rd is filed.	ate, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) Th	ie 90th day after the
Dated January 31	2022			
	Mon	ساله اسم	of a member	110
Si	gnature of a member or	authorized representative	of a member	
	•			

Filing Fee: \$25.00