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Office Use Only



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DIVISION OF COMPORATION

22 MAY -5 PM 1: 03

T. MATTHEWS
JUN 27 2022

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
dello-Wilso SUBJECT:	n Marketing LLC				
Name of Limited 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:			
	Troy Arrandale				
		Name of Person			
	Jello-Wilson Marketing LI	.C			
	 	Firm/Company	_		
	4924 Hidden Pine Pl.				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Cocoa, FL 32926				
	 	City/State and Zip Code			
	whydiddadnameagirltroy@g	-			
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please co	all;			
Troy Arrandale		816 214-0129 at ()	•		
Name o	f Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for the	he following amount:		•		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl.		
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction		
Division of C		Division of Cor	porations		
P.O. Box 632		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF DIVISION OF CORPORATIONS

Jello-Wilson Marketing LLC

22 MAY -5 PM 1: 03

(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 Liab Florida document number <u>L22000055150</u>	•	were filed on February 01.	2022 and assigned	
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	he limited li <u>ab</u>	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:	4924 Hidden Pine Pl.		
(Principal office address MUST BE A STREET	ADDRESS)	Cocoa, F1, 32926		
				
Enter new mailing address, if applicable:		4924 Hidden Pine Pl.		
(Mailing address MAY BE A POST OFFICE BOX)		Cocoa, FL 32926		
B. If amending the registered agent and/or reg agent and/or the new registered office address		iddress on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:	40244211 18			
New Registered Office Address:	4924 Hidden Pine Pl. Enter Florida street address			
	Cocoa		Florida ³²⁹²⁶	
		City	Zip Code	
New Registered Agent's Signature, if changing Re-	gistered Agent:			
I hereby accept the appointment as registered 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 recompany has been notified in writing of this cl	and complete cred agent as p gistered office	performance of my dutie provided for in Chapter 6	es, and I am familiar with and 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Troy Arrandale	4924 Hidden Pine Pl.	
		Cocoa, FL 32926	□Remove
			≡ Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
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ı eff te:	ve date, if other than the date of filing:
um	ent's effective date on the Department of State's records.
eco r	d 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
	ed.
	April 29 2022
ted	April 29

Typed or printed name of signee

Troy Arrandale