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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Jaydor Luy LLC SUBJECT: 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: Theodore Gerard Name of Person Jaydor Lux LLC Firm/Company 360 Anchovie Ct Address Kissimmee Florida 34759 City/State and Zip Code theocab@vmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 953-1163 Theodore Gerard Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tailahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2022

THEODORE GERARD 360 ANCHOVIE CT KISSIMMEE, FL 34759

SUBJECT: JAYDOR LUX LLC Ref. Number: L22000197104

22 0CT 21 PM 5: 25

We have received your document for JAYDOR LUX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 822A00022249

SET 2 1 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaydor Lux LLC						
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears on Jability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on	022	_ and ass	igned	
his amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	of the limited liab	ility company here:				
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	nation "LLC" or the abbr	eviation "L.	10."	
Enter new principal offices address, if appli	cable:	360 Anchovie Ct. Ki	ssimmee, Fl 34759			
(Principal office address MUST BE A STREET ADDRESS)				22	<u> </u>	
				000	<u> Š</u>	
				24 P	EF CEX	
Enter new mailing address, if applicable:					90	
Mailing address MAY BE A POST OFFICE	<u>BUA)</u>		-	25		
3. If amending the registered agent and/or gent and/or the new registered office addr	ess here:		rds, <u>enter the name</u>	of the ne	w regi <u>s</u>	
Name of New Registered Agent:	Emmanunerora	Emmanuherolange Augustin				
New Registered Office Address:	200 E Robinsor	n street Suite 1120			_	
	Oakondo	Enter Florida :	street address , Florida)		
	Oriando		Elasida -''			

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 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	Theodore Gerard	360 Anchovie et Kissimmee, Florida 34759	= Add
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effective	date is listed, the date must be date inserted in this bloc	e specific and cannot does not meet t	ot be prior to da be applicable	ite of filing or m	ore than 90 days a	fter filing.) Pursua this date will no	int to 605.U or be liste.	0201 d.as
ument s	effective date on the Depa	artment of State's	s records.		5			
cord spec s filed.	cifies a delayed effective o	late, but not an ef	Tective time.	at 12:01 a.m.	on the earlier of:	(b) The 90th	day after	the
06/22	/2022							
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