## L22000244276

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Jacks House Divine, 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: Judy Martin Name of Person Firm Company Post office Box 1537 Address Auburndale, Fl 33823 City/State and Zip Code jackshousedivine@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Judy Martin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S60.00 Filing Fee. □ \$30.00 Filing Fee & □ \$55.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 July 26 PH 1: 29

Jacks House Divine, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our recorde	<u>s)</u>
The Articles of Organization for this Limited L. Florida document number L22000244276		were filed on 05/06/2022	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		605 Memory Lane	
(Principal office address MUST BE A STREE	ET ADDRESS)	Polk City, FL 33868	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	Post Office Box 1537 Auburndale, Fl. 33823	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Judy Martin	· ·	
New Registered Office Address:	605 Memory 1.	ane	
		Emer Florida street addres	3
	Polk City	. Flo	orida <u>33868</u>
		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.

f 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
Pres	Richard Brogen	232 Waterview Dr	□Add
		Polk City, Fl. 33868	■Remove
			□Change
			□Add
			□Remove 23 = =:: □Change
			26
			□ <u>A</u> AJd <del></del> □Bmove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change
	·		
			□Remove

Please remove Richard Br	ogen as President	
		2023
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ective date is listed, the date it. If the date inserted in this	the date of filing:	filing.) Pursuant to 605
d specifies a delayed effected.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after
July 18	. 2023	
	Signature of a member or authorized representative of a member	
<i>' ' ' ' ' ' ' ' ' '</i>		

Filing Fee: \$25.00