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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Sec Division of Corp		·	na n
271785.88	JAKDBS, L	LC 3	• •	
SUBJE	:C1:	Name of Lim	ited Liability Company	
The en-	closed Articles of a	Amendment and fee(s) are sub	mitted for filing,	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Dennis B. Smith		
			Name of Person	
			Firm/Company	
		8677 EMERALD ISLE		
			Address	
	Name of Person Firm/Company 8677 EMERALD ISLE Address Mason, Ohio 45040 City/State and Zip Code dsmith@mhemed.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: nny Smith at {			
		dsmith@mhemed.com	City/State and Zip Code	
For fur	ther information co		·	itification)
		-	513 235-1443	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &
*	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our reco Liability Company)	ords.)
y were filed on 06/13/2022	and assigned
bility company here:	
ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
8677 EMERALD ISLE	
MASON, OHIO 456040	
	202 FAL
8677 EMERALD ISLE	30CT -
MASON, OHIO 45040	
	in the second se
	<u> </u>
EADOW LARK De Enter Florida street addr	L
, I	Florida 34236 Zip Code
) i	pility company here: ility Company," the designation "Li 8677 EMERALD ISLE MASON, OHIO 456040 8677 EMERALD ISLE MASON , OHIO 45040 address on our records, ento

New Registered Agent's Signature, if changing Registered Agent:

TAKDRS LLC

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
MGR	KANNE, JOHN A	685 79TH CIRCLE SST. PETERSBURG. FL 33707	
			_ = Remove
			🗆 Change
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			_ □Remove
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			□Add
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Tective date, if other than the date of filing:			(opti	onal)		
Tective date, if other than the date of filing: _ in effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet	not be prior to da	ate of filing or mor	e than 90 days after	filing.) Pursi	uant to 605.	.020 ed a
ocument's effective date on the Department of State		Statutory marg	requirement, and	, clare	iot oc mac	DC: 41
record specifies a delayed effective date, but not an is filed.	ffective time,	at 12:01 a.m. or	the earlier of: (b) The 90th	ı day after	r the
September 19. 2)23					
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