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### TO: Registration Section Division of Corporations

HOWARD AND JODI'S FLAMING JERK, 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:

EDSON GORDON

Name of Person

GORDON & ASSOCIATES CPA, P.A.

Firm/Company

10570 S US HWY 1, STE 300

Address

PORT ST LUCIE, FL 34952

	City/State and Zip Code	- HEC	23	4727 <b>4</b> 3
	EGORDON@ENHTAX.CPA		-	
-	E-mail address: (to be used for future annual report notification)		$\dot{\omega}$	()
For further information cond	cerning this matter, please call:	Y OF	РН	
EDSON GORDON	772 800-3614 EXT. 1	() () ()	ភ្ម	E.m.s.
Name of Pe		r ' m	с С	

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

HOWARD AND JODI'S FLAMING JERK, LLC ( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Disbility Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HOWIE & JODI'S FLAMING JERK, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	ENH Tax & Accounting Services, EEC dba Gordon & Associates CPA		
New Registered Office Address:	10570 S US HWY 1, STE 300,		
	Enter Flor	ida street address	
	PORT ST LUCIE	, Florida 34952	
	Cin	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, 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 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>	Name	Address	Type of Action
AMBR	HOWARD CLAYTON	5530 NW 44TH STREET, APT C309	□Add
		LAUDERHILL, FL 33319	Remove
			□Change
AMBR	JODI HUTCHINSON	JODIAN HUTCHINSON	🗆 Add
		5530 NW 44TH STREET, APT C309	□Remove
		LAUDERHILL, FL 33319	
			🛛 Add
			□Change
			🗆 Add
			🗌 Remove
			□Change
			🗆 Add
			SERVE HAY BE S: OF STATE TALLARY OF STATE . FL

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary	i)
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		<b>x</b>
		<u></u>
E. Effective date, if other than the date of filin (If an effective date is listed, the date must be specific as	ng: (op	otional)
(If an effective date is listed, the date must be specific as <u>Note:</u> If the date inserted in this block does not	nd cannot be prior to date of filing or more than 90 days a: meet the applicable statutory filing requirements, i	fter filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
document's effective date on the Department of	State's records.	
If the record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
record is filed.		
	2023	
Dated FEBRUARY 21	_ , ·	
<u>J.H</u>		\$ N
Jadian Huichinson (Feb 72, 2023 09:07 EST) Signature of :	a member or authorized representative of a member	
Indian Hutchingan		
Jodian Hutchinson	Typed or printed name of signee	
	Types of primes finite of signee	() · · ·
		PH 5:05 SEE. FL
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	Filing Fee: \$25.00	E SS