## L22000372306

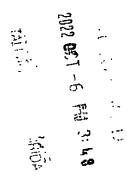
	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

	stration Sect sion of Corpo			
	Johns	on Development	¿ Estates	
SUBJECT: _	Commi	Name of Limit	ed Liability Company	· <del></del>
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		Damian	Johnson	
			Name of Person	
			Firm/Company	
		14525 Prism	C. We Address	
		Tampa, FL	City/State and Zip Code  J.Me. + D. Hahto. Com  d be used for future annual report notifi	
		Johnson Develo E-mail address: (1)	Amen + W. Hanton. Com d be used for future annual report notifi	cation)
For further in	formation co	ncerning this matter, please ca	H:	
Damiar	Name of	N Son	at ( 772 ) OS6 - ( Area Code — Daytime	06 S S Telephone Number
	a a Condo			
		following amount:		C S40 00 Elling Vac
<b>⅓</b> \$25.00 F	iling 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)

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

John Son Development (Name of the Limited Liability Compar (A Florida Limited L	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000372306</u>	were filed on 8124122 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	pility company here:
The new name must be distinguishable and contain the words "Limited Liabile	ility Company," the designation "LLC" or 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)	PILED AND SEE FLOOR
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ಸು: <b>೮</b>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
Nam Danistarad Agant's Cianatura if changing Registered Agent's	

## 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>	Name	Address	Type of Action
AMBR	Damicon John Son	14525 Prisin Circle Temport23	bl} EAdd
			□Remove
			□Change
			□Add
			Remove
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<del></del>			□Add
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<u>Note:</u> I	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	10/6/ , 2022
	Signature of a member or authorized representative of a member
	David Table Sava

Filing Fee: \$25.00