L22000377007

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

	tration Sect on of Corp			**	
JI SUBJECT: _	LF Manager	nent LLC			
SOBJECT	•	Name of Lim	ited Liability Company		
The enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Jorge L Ferrin			
			Name of Person	ip Code e annual report notification) 685-3318	
		JLF Management LLC			
			Firm/Company		
		125 S State Rd 7 Ste 104-2	250	ility Company or filing. ollowing: ame of Person irm/Company Address tate and Zip Code d for future annual report notification) 561 685-3318 at () Area Code Daytime Telephone Number 55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy additional copy is enclosed) Certified Copy Certified Copy Certified Copy	
			Address		
		Wellington, FL 33414			S60.00 Filing Fee, Certificate of Status & Certified Copy
			City/State and Zip Code		
		2girlsnoboys@comcast.net			
		E-mail address: (to be used for future annual r	report notification)	
For further info	rmation cor	ncerning this matter, please ca	all:		
Renee Ferrin			561 685	-3318	
	Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a cl	heck for the	following amount:			
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		Certificate of Status & Certified Copy
Mailir	ng Address:		Street Ad	dress:	

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

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

JLF Management LLC		
(<u>Name of the Limited</u> (/	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L22000377007		and assigned
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the nam</u> <u>here</u> :	e of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	PH 2:
	Florida	<u> </u>
	City	Zip Gode —

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 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
Pres	Jorge L Ferrin	1243 Canyon Way	□Add
		Wellington, FL 33414	🗀 Remove
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
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			Change
			□Add
			□Remove
			□ Change

				
				
				
-	•			 -
				
				<u>.</u>
 				
				
				
ective date, if other than the reffective date is listed, the date mus	date of filing:		(optional)	
n effective date is listed, the date muster: If the date inserted in this bl	it be specific and cannot be prior	to date of filing or more the	nan 90 days after filing.) Pursuant	to 605.0207 he listed as
cument's effective date on the D	epartment of State's records		junements, this dute with not t	oc instea as
ecord specifies a delayed effective	e date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90th da	y after the
is filed.				
October 3	2022			
October 3		<u> </u>		
/ I T	- ,			
(Jon !				
<i>y</i>	Signature of a member or auth	orized representative of a	member	
<i>y</i>	Signature of a member or auth	orized representative of a	member	

Filing Fee: \$25.00