## L22000508382

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A. RIVERS AUG Z 4 ZU23

## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT: JC8	32,LLC			
30bat.e1	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter			
	(Jonathan) Jon Cos			
	Jon Cos	per		
		Name of Person		
		Firm/Company	<del></del>	
	10030 NW	39th Court		
		39th Court Address		
	Coral Sport	ngs, PL 33065	<del>-</del> )	
		City/State and Zip Code		
	JNJ COSPE	R & Cymail. Com	·	
			ification)	
For further information co	ncerning this matter, please ca	all:		
Jon Cos	O C	at (954 ) 422-	1 II 7	
Jon Cosper         at (954)         422-711           Name of Person         Area Code         Daytime Telephone Number				
Enclosed is a check for the	e following amount:			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	raffanassee De Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC832,1							
(Name of the Limited Liabili (A Florid	lity Compan da Limited Li	<u>iv as it now a</u> iability Comp	ppears on o any)	ur record <u>s.</u> )			
The Articles of Organization for this Limited Liability C Florida document number $\bot 220050838$		were filed o	n <u>19</u>	12/23	<u>}</u>	_ and assig	gned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim  TC Bor bering LLC  The new name must be distinguishable and contain the words "Lin		-		ion "LLC" o	or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	RESS)						
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office a :	ddress on o	our record	s, <u>enter th</u>	ie name o	f the new.	registere
Name of New Registered Agent:					<u>-</u>	=- 	
New Registered Office Address:		Ente	r Florida str	ant address		50	
		rsme	) 1 101 WG MF				
		City		, Flori	ıda	Zip Code	
New Registered Agent's Signature, if changing Registere	ed 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>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Cosper	10030 NW 39m Court	EAdd
		Cival Springs, FL 33065	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Change

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Note: 1	If the date inserte	r than the date the date must be speed in this block date on the Departs	oes not meet t	he applicable sta	of filing or more th atutory filing req	option (option an 90 days after fil uirements, this d	ial) ling.) Pursuant to 60 late will not be lis	05,0207 ( sted as (
e record rd is tile		yed effective date	e, but not an ef	Tective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
Dated _	July	9C		2023				
				<u></u>	epresentative of a r	want e		
		Sign	yure oTa memb	er or authorized r	epresentative of a r	nemoer		

D.U. E. 05#A