## L22000529254

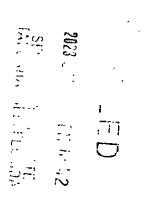
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.9,000.00.00,000.000.00,000.0
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300400170453

01/17/28--01017--002 \*\*25.00





## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations						
	Joes Cook S	Shack LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		Jeromy Owens						
			Name of Person					
			Firm/Company					
		8170 Washington Village	•		2	<u> </u>	2023、	
		· · · · · ·	Address		, 3	<del>.</del> .	:	
		Dayton Ohio 45458			,	<u>.</u>		,
			City/State and Zip C	ode		<u></u>	: :	
		orders@newbusinessfiling.	org to be used for future an			_ A	<del>+</del> .	
For further i	nformation c	oncerning this matter, please c		nuar report nouries	ation	L•	.0	
Jeromy Ow	ens		888	701-6450				
	Name o	f Person	at ( Area Code	Daytime T	elephone Number			
Enclosed is	a check for th	ne following amount:						
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing I Certified Copy (additional copy)	у	S60.00 Fil Certificate Certified (additional o	e of Sta Copy	atus &	
	uiling Addres			et Address: istration Secti	on			
Di	vision of C	Corporations	Div	ision of Corpo	orations			
	<ol> <li>Box 632</li> <li>Ilahassee, I</li> </ol>			Centre of Tal	llahassee Street, Suite 81	ın.		
1 21	manassee, I	エンレントマー	∠41.	J IN. MICHICO	outer, outer of	U		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L.22000529254</u>	were filed on <u>01/01/2023</u>		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrev	riation "l	L.C."
Enter new principal offices address, if applicable:		27.00	20/3	
Principal office address MUST BE A STREET ADDRESS)			ديع -	
		5		
		<u> </u>		1
Enter new mailing address, if applicable:		· `		i 1 ,
			•	$\overline{}$
Wanning dataress Will BETT 1001 Of 1102 BOTT		5/17	~	-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name o	the ne	w m
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			<del></del>
New Registered Office Address:				
	Enter Florida street address			
	, Floric			
	City		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 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
AMBR	Joseph Gorny	14621 NE 154th St, Fort McCoy, Florida, 32134	•Add
			□Remove
			□Change
AP	Sherry Gorny	14621 NE 154th St, Fort McCoy, Florida, 32134	□Add
			• Remove
			□Change
AP	Vivian Gorny	1810 W. GLENEAGLES RD UNIT COCALA, FI	_344 <b>72</b> □Add
			■ Remove
			□Change
		₽ <sub>U</sub>	Add
		#\{\frac{1}{2}}{2}	☐ Change
<del></del>		ن من المنظم المنظم 	Add
			□ Remove
			□Change
			□ Add
			□Remove
			□ Change

		··	
			<del></del>
	<del> </del>		
	····	<del></del>	
		<u> </u>	
<del></del>			
	<del></del>		<del></del>
<del> </del>		<u> </u>	
ective date, if other than the	date of filing:	(4	optional)
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to d	ate of filing or more than 90 days	safter filing.) Pursuant to 605.02
cument's effective date on the De		statutory ming requirements	s, this date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of	of: (b) The 90th day after th
			2023
January 11th ted	2023		
Joseph Gos.	24		r <del>~</del> .
Joseph Gor	y Signature of a member or authorize	ed representative of a member	dim of cities

THE TO COR (