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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

Juddox Hol	dings, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
		sompan	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cecilia H Gonzalez		
		Name of Person	<u> </u>
	Juddox Holdings, LLC		
		Firm/Company	
	7512 Dr. Phillips Blvd Sui	te 50-796	
		Address	
	Orlando, FL 32819		~~
	gonzalezceciliah@gmail.co	City/State and Zip Code	
	_	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	C
Cecilia H Gonzalez		407 509-9901	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$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 Addres		Street Address:	
Registration Section Division of Corporations		Registration S Division of C	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juddox Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 11, 2023 and assigned Florida document number This amendment is submitted to amend the following: A. 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 "LLC." Enter new principal offices address, if applicable: 7512 Dr. Phillips Blvd. Suite 50-796 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32819 7512 Dr. Phillips Blvd. Suite 50-796 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE <u>BOX)</u> B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: C Name of New Registered Agent: 7512 Dr. Phillips Blvd. Suite 50-796 New Registered Office Address: Enter Florida street address \_, Florida  $\frac{32819}{Zip\ Code}$ Orlando Cirv

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cecilia H Gonzalez	7512 Dr. Phillips Blvd. Suite50-796 Orlando Ft. 32819	<b>1</b> V.Add
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Effective date, if other than the date of filing:  ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. Note: If the date instreted in this block does not meet the applicable statutory filing requirements, this date will not be fits document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.  January 27  2023  Datted  Signature of a member to anther to a member of a mem						
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Signature of a member of anthorized representative of a member  Lecition H. Gonzalez  Typed or printed name of signee	Si	anature of a membe	r <del>or au</del> thorized repr	esentative of a memb	ег	

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