L23 0000 H2999

| (Re | questor's Name) | |
|-------------------------|---------------------------------------|----------|
| | | |
| (Ad | ldress) | _ |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone #) | <u>-</u> |
| | | |
| PICK-UP | ■ WAIT | MAIL |
| | | |
| | | |
| (Bu | isiness Entity Name) | |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates of | Status |
| Octimed Copies | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300402202013

02.415/23--01010--031 **60.00

2023 FEB 15 PH 1: 55

COVER LETTER

| TO: Registration Solivision of Con | | | • |
|------------------------------------|---|--|---|
| SUBJECT: | J D J Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Darleen | Thomas Name of Person | |
| | 702 | T LLC Firm/Company | 2923 FEB |
| | <u> 2950 W.</u> | CYPIESS Creek 1 | 2d Ste 101 - 1934 |
| | FORT Lauc | Lezdale, Fl 33 City/State and Zip Code |)311 = = = = = = = = = = = = = = = = = = |
| | darleen 3 E-mail address: | to be used for future annual report notific | ration) |
| For further information c | concerning this matter, please c | | |
| Darleen To | TOMAS of Person | at (954) 729 - Area Code Daytime T | 7879 Telephone Number |
| Enclosed is a check for the | he following amount: | | , |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabil | lity Company as it now appears on our records. Ja Limited Liability Company) | .) |
|---|---|-------------------------------|
| The Articles of Organization for this Limited Liability (| | 2033_ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company "the decimation of LC" | and the same of the same |
| Enter new principal offices address, if applicable: | med classific company. The designation life | or the anoreviation ECC. |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | 72 o |
| | | man a land |
| Enter new mailing address, if applicable: | | : '(7) — ' |
| (Mailing address MAY BE A POST OFFICE BOX) | | L 25 |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter t</u> l | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| *** | , Flor | |
| | 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 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 | James W. Thanks Je | 2950 W. Cypress Creek Rd | []\$\times_{\text{dd}} |
| | | Ste#101 PMB#1034 | □Remove |
| | | Ft. Laudredale, Fl 333 | □Change |
| AMBR | Daeleen Thomas | 2950 W. Cypress Creek Ro | □Add |
| | | Ste # 101 PmB # 1034 | 🗖 Remove |
| | | Ft. Landerdale, ft 33311 | MChange |
| | | | 🗆 Add |
| | | | Remove |
| | | | DD FE |
| | | | COAdd P |
| | | | Remove |
| | | | □Change |
| | | | □Adđ |
| | | | []Remove |
| | | | []Change |
| | | | 🗆 Add |
| | | | 5 7.5 |

Remove

| James V | U. Thomas | JR - 0 | wner | 70 | LLC | |
|---|---|-------------------------|--------------------|----------------|---|---------------------|
| Darleen | Thomas - | OWNER | 07 L | <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | | | - | | | |
| | | - | | ·. | | |
| | | | | | <u> </u> | |
| | | | | | :5:0 | 223 |
| | • | - | | | | <u> </u> |
| | | | | | =; ================================= | <u>_</u> |
| | | | • | | <u> </u> | <u></u> |
| | | F ** 8.4 | | | 면서 교회 | - - ن |
| | | | | - | , <u>L.</u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | _ | |
| | | | | | | |
| ve date, if other than lective date is listed, the date | must be specific and cannot be | prior to date of filing | or more than 90 da | vs after filin | er i Pursuant t | o 6(|
| If the date inserted in this | s block does not meet the a c Department of State's re | ipplicable statutory | filing requiremen | ts, this dat | e will not be | e lis |
| | | | | | | |
| d specifies a delayed effor ed. | ctive date, but not an effec | tive time, at 12:01 a | .m. on the earlier | of: (b) - T | The 90th day | aft |
| Tale 7th | 1 10Ma S Signature of a member o | | | | | |
| ーナピロー / ' ' | J 0° | <u> 13</u> . | | | | |