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COVER LETTER

TO: Registration Division of C			
	NOVATION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	OLEKSANDR STOZHO	K	
		Name of Person	
		Firm/Company	
	73 PONTE VEDRA COL	ONY CIR	(* ;
		Address	
	PONTE VEDRA BEACH	I, FL 32082	
		City/State and Zip Code	:
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	1 = 61
OLEKSANDR STOZI	ЮК	904 806-5352 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX RENOVATION LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/21/2023	and assigned
Florida document number L23000092799		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12853 ELLIS ISLAND DR	
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32224	
		<u> </u>
		: 1
Enter new mailing address, if applicable:	12853 ELLIS ISLAND DR	
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32224	<u> </u>
		<u> </u>
		11,
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new regis
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
 	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>	Name	Address	Type of Action
MGR	OLEKSANDR STOZHOK	73 PONTE VEDRA COLONY CIR	= Add
		PONTE VEDRA BEACH, FL 32082	□Remove
			□Change
AMBR	SERHII KORNIIENKO	12853 ELLIS ISLAND DR	= Add
		JACKSONVILLE, FL 32224	□Remove
			☐Change
			□Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or me te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) ore than 90 days after tiling.) Pursuant to 605.02 g requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of stiled.	on the earlier of: (b) The 90th day after the
march 16 , 2023	

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Filing Fee: \$25.00