L 23 (101/753)

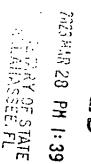
(Requestor's Name)
(Address)
(Address)
(1.33.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialism No. 1150)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>-</u>

Office Use Only



100405220041

03/28/23--01018--020 **60.00



R. HUNT 03/28/27

COVER LETTER

The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Johnnie Bauch	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Johnnie Bauch	
Please return all correspondence concerning this matter to the following: Johnnie Bauch	
Dolumic Bauch Name of Person	
Johnnie Bauch Name of Person JoVation LLC Firm/Company 4627 Van Horn Road Address Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person 850 974-7709 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsir \text{S25.00 Filing Fee} \Bigsir \text{S30.00 Filing Fee} \Bigsir \Bigsir \text{S60.00 Filing Fee}.	
Name of Person JoVation LLC Firm/Company 1.71 1.72 1.73 1.74 1.75 1.	
Firm/Company 4627 Van Horn Road Address Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person Area Code S55.00 Filing Fee \$ \$55.00 Filing Fee & \$560.00 Filing Fee.	
Firm/Company 4627 Van Horn Road Address Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person Area Code S25.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee.	
Address Address Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person Area Code S55,00 Filing Fee & \$60.00 Filing Fee.	
Address Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person S25.00 Filing Fee \$30.00 Filing Fee \$30.00 Filing Fee \$360.00 Filing Fee.	
Milton, Florida, 32583 City/State and Zip Code jobauch@icloud.com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person Area Code S25.00 Filing Fee \$30.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch	m
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch	O
E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: Johnnie Bauch Name of Person Sat (
For further information concerning this matter, please call: Johnnie Bauch Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsup_{\text{S25.00 Filing Fee}} \Bigsup_{\text{S30.00 Filing Fee}} \Bigsup_{\text{S55.00 Filing Fee}} \Bigsup_{\text{S60.00 Filing Fee}} \Bigsup_{S60.00 Filing Fee	
Johnnie Bauch Rame of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.	
Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & ■ \$60.00 Filing Fee.	
Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ■ \$60.00 Filing Fee.	
■ \$25.00 Filing Fee	
Certificate of Status (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JoVation LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	sit now appears on our record- ity Company)	<u> </u>
he Articles of Organization for this Limited I	Liability Company wer	e filed on March, 6th, 2023	and assigned
orida document number L 2300-011-7530			
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability	company here:	
ne new name must be distinguishable and contain the	words "Limited Laability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	eable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		2
			- 第2 里 「耳
nter new mailing address, if applicable:			-
<u> Iailing address MAY BE A POST OFFICE</u>	<u> BOX)</u>		
. If amending the registered agent and/or	registered office addr	ess on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	ZenBusiness Inc.		
New Registered Office Address:	336 E. College Ave.	Suite 301	_
-		Enter Florida street address	
	Tallahassee		rida <u>32301</u>
	•	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

that stender

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
			□Add
			□Remove
		-	
			□ Add
			☐ Remove
			Change Change R 28 PH 1: 39 FAR OF STATE
			□Remove □Change
			□Remove
			□Remove
			☐Change
			□Add
			□Remove
			□ Change

								<u>_</u>
				-				
								
	-							
		<u>.</u>					7.3	_ _
	· · · · · · · · · · · · · · · · · · ·					· · · ·	70 20	
						1.27 5-3	₹ <u>2</u> 8	**************************************
-4.00					ς. Γ	/) (C	70	m
						STA:		O
						Ę	8	,
		_		_	-			
			<u> </u>	<u> </u>				
 	-	<u></u> _		.	_	<u>-</u>		
		_	-	<u> </u>				
		_						
Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	loes not meet th	e applicable stat	filing or more than sutory filing require	(option 00 days after fil ements, this d	al) ing.) Pu ate wil:	rsuant to I not be	605,0207 Histed as
record specifies d is filed.	a delayed effective date	e, but not an eff	ective time, at 1	2:01 a.m. on the ea	rlier of: (b)	The 90)th day	after the
Dated May	n 23	<u> </u>	023					
4	Signa	iture of a member	r or authorized reg	resentative of a men	iber			_

DU E CATAO