

L23 000 186 427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

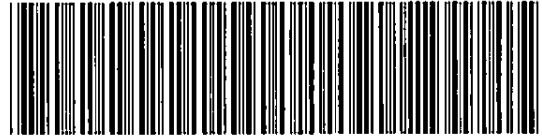
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The 4 Stooges- JPI, LLC

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:

Jeffrey A. Hameroff

Name of Person

The 4 Stooges-JPI, LLC

Firm/Company

7320 Forest Oaks Blvd

Address

Spring Hill, FL 34606

City/State and Zip Code

4stoogesjpi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimetha R. Heckman

352 596-1771
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The 4 Stooges-JPI, 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 3/28/2023 and assigned
Florida document number L23000156427.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7320 Forest Oaks Blvd.

Spring Hill, FL 34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

Kimetha R. Heckman

New Registered Office Address:

7320 Forest Oaks Blvd

Enter Florida street address

Spring Hill

City

Florida 34606

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.


Kimetha R. Heckman
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jeffrey A. Hameroff	7320 Forest Oaks Blvd.,	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul A. Francisco	7320 Forest Oaks Blvd.	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua R. Burns	7320 Forest Oaks Blvd	<input type="checkbox"/> Add
		Spring Hill, FL 34606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimetha R. Heckman	7320 Forest Oaks Blvd	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DATE	TIME	LOCATION	WIND	WAVE	SEA	TEMP	WIND	WAVE	SEA	TEMP
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2023 APR 13	01:00	1000	10	10	10	10	10	10	10	10
2023 APR 13	02:00	1000	10	10	10	10				

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 10th

Signature of a member or authorized representative of a member

Jeffrey A. Hameroff

Typed or printed name of signee

Filing Fee: \$25.00