L23000236223

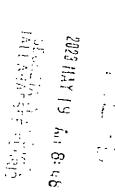
| | (Requestor's Name) | |
|----------------------|--------------------------|---|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-U | P WAIT MAIL | • |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions | s to Filing Officer: | |
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Office Use Only



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05/19/23--01020--019 **25.00



A. RIVERS

JUL 1 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | |
|----------------|------------------------------|--|---|--|
| | Amendment | t to JMS0830 LLC Authorized | members | |
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The analysis | t Amialan of | A mondarout and for(s) are sub- | mitted for filing | |
| | | Amendment and fee(s) are sub- | · | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Margaret Schunko | | |
| | | | Name of Person | |
| | | JMS0830 LLC | | |
| | | | Firm/Company | |
| | | 168 Caribbean Road | | |
| | | Address | | |
| | | Naples, FL 34108 | | |
| | | | City/State and Zip Code | |
| | | meschunko@hotmail.com | | · |
| | | | to be used for future annual report not | itication) |
| For further in | nformation c | oncerning this matter, please co | all: | |
| Margaret Sc | hnuko | | at (_239_) 450 · ? | 30 k i |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is | a check for th | ne 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) |
| | iling Addres gistration S | | Street Address: Registration So | ection |
| Di | vision of C | Corporations | Division of Co | rporations |
| | D. Box 632 Ilahassee, I | | The Centre of 2415 N. Monro | Fallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JMS0830 LLC | | | | |
|--|--|------------------|--------------|---------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | ipany as it now appears on our record Liability Company) | ords.) | | |
| The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number L23000236223 . | ny were filed on 05/12/2023 | | _ and assi | gned |
| lorida document number | | | | |
| his amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | | |
| he new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "L | LC" or the abbre | viation "L.L | C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | | | | |
| Inter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | **; | 630 | |
| Mulling university BEATOST OFFICE BOX | | | | |
| | | | <u>.</u> | |
| 3. If amending the registered agent and/or registered offic | on addrage on our regards, ant | or the name o | f the new | rogiet |
| ent and/or the new registered office address here: | e address on our records, ent | ier the name o | ir the new | 1 62131 |
| | | | ထဲ | - |
| N. CN. D. ' I A | | · | C. T | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street ada | iress | | |
| | | Florida | | |
| | 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------|----------------|
| AMBR | Schunko, Juergan | 168 Caribbian Road | □ Add |
| | | Naples, FL 34108 | ≅Remove |
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| fective date, if other than th | o data of filin | 05/15/23 | | | (optional) | |
| in effective date is listed, the date in | ust be specific and | d cannot be prior | to date of filing o | or more than 90 da | ays after filing.) | |
| ote: If the date inserted in this cument's effective date on the | | | | iling requireme | nts, this date v | will not be listed a |
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| t de la talancia de la compa | ive date, but no | t an effective ti | me at 12:01 a | m, on the earlie | r of (b) The | • 90th day after the |
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| is filed. | 1 | , | | | | |
| is filed. | Signature of a | , | · orized representa | tive of a member | | |