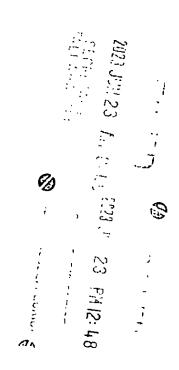
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(R	equestor's Name)
(A	ddress)
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(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
	J. HORNE
	JUN 2 6 2023

Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/23/23

NAME: 1326 JENKS AVENUE, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
1326 JENE	CS AVENUE, LLC		
SUBJECT:	Name of Lin	mited Liability Company	
The enclosed Articles of	Amendment and feers) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	JACK G. WILLIAMS		
	••	Name of Person	
	WILLIAMS & SYFRETI	E PLLC	
		Firm Company	
	POST OFFICE BOX 2176	6	
	•	Address	
	PANAMA CITY, FL 324	402	
		City State and Zip Code	
	MICKIE@WSGFIRM.CO:		
		(to be used for future annual report notification)	
Tor further information of	oncerning this matter, please c	vall.	
IACK G. WILLIAMS		850 763-5368 X 104	
	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	e following amount:		
≅ \$25.00 Filing Fee	[] \$30,00 Filing Fee & Certificate of Status	Li S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy	
Mailing Address		Street Address:	
Registration S		Registration Section	
Division of Co		Division of Corporations The Centre of Tallahaes as	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1326 JENKS AVENUE, 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 15 24 2023 and assigned
Florida document number 4 23000255024	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Lumited Linbi	hty Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	905 EAST MARTIN LUTHER KING, JR. DRIVE #450
(Principal office address MUST BE A STREET ADDRESS)	TARPON SPRINGS, FL. 34689
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Lip 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

Title	Name	Address	Type of Action
MGR	KAREN CANTU	1209 REEVES LANE	- _{Add}
		SOUTHPORT, Ft. 32409	
MGR	WALKER WINKEL	905 EAST MARTIN LUTHER KING, IR. DRIVE	# Add
		#12()	E Remove
		LARPON SPRINGS, FL. 34689	= Change
 -			TAdd
			ElRemove
			TChange
			
			DRemove
			Change
····			= Add
			□Remove
			TChange
 -			= Add
			DRemove
			Channa

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