## L23000302394

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## **COVER LETTER**

Registration Section
Division of Corporations

` **TO**:

Wood and SUBJECT:	Water LLC		
30b3EC1.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Phyona Flowers		
		Name of Person	
	Wood and Water LLC		
		Firm/Company	
	700 SW 78th Ave., Apt.62	21	
	<del></del>	Address	
	Plantation, FL 33324		
	<del></del>	City/State and Zip Code	
	woodandwaterswim@gmai	l.com	
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
Phyona Flowers		954 9970866 at ( )	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee.  Certificate of Statu Certified Copy (additional copy is encl	
Mailing Address Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

Wood and Water LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) (A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on June 23.2023 AHASSEE. Fland assigned Florida document number L23000302394 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jody-Ann LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address \_, Florida \_ City 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>	<u>Name</u>	Address	Type of Action
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Effectiv	e date, if other than the date of filing:
Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as total or the Department of State's records.
iocume.	it's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
8	/14/2023
Dated _	/14/2023
	Din
	Signature of a member or authorized representative of a member
	Phyona Flourer
	Phyona Flowers