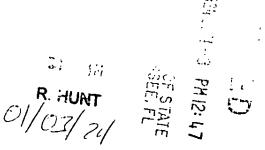
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(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:01/02/2024
Name: KEN
Reference #: 2221691
Entity Name: NO JOKE EXTERIOR CLEANING LLC
Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent
☐ Change of Agent ☐ Reinstatement ☐ Change of Agent ☐ Reinstatement ☐ Reinstatement
☐ Conversion
Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount:\$30.00
Signature

F: 800.944.6607

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CUDIECT.	NO JOKE EXTE	RIOR CLEANING LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		No Joke Exterior Cleaning LL	С	
		Name of Person		
		Firm/Company	·	
	11511 Lorence Ave	Address		
		Audress		~ 3
	Jacksonville Florida 32218			
		City/State and Zip Code		· .
	stoneproperties537@gmail.			- L
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual reportall:	notification) (パ)	PHIS:47 PH:STATE
Jacob Stone		208 3522837 at ()		7:47
Name o	f Person		vtime 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)	Certified C	of Status &
Mailing Addres		Street Address		
Registration S Division of C		Registration Division of G		
P.O. Box 632			A Tallahaccee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	No Joke Exterior	-		
(Name of the Lim	ited Liability Compar (A Florida Limited L	y as it now appears of iability Company)	n our records.)	
he Articles of Organization for this Limited 1	Liability Company	were filed on	7/14/2023	_ and assigned
orida document number	1			
nis amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name of	of the limited liabi	lity company here	:	
ecision Home Buyers LLC				
e new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	eable:	1903 Muncie Ave,	Jacksonville, FL 32210	
rincipal office address MUST BE A STRE	ET ADDRESS)			
				57
				12 1
nter new mailing address, if applicable:		1903 Muncie Ave,	Jacksonville, FL 32210	
(Mailing address MAY BE A POST OFFICE BOX)			· <u>1</u>	င်
Tuning unit is MITT DE ITT OF TOT THE	2011			PR FF
			1100	R C
. If amending the registered agent and/or	registered office a	ddress on our reco	ords, enter the name of	
gent and/or the new registered office addre				
Name of New Registered Agent:	Jacob Stone			
New Registered Office Address:	1903 Muncie Av	e		
		Enter Florida	street address	
	Jacksonville		Florida ³²²¹⁰	
		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.

/s/ Jacob Stone	
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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			D.A. ☐Remove
			Change
			PH 12: DAdd
			□Remove .
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effective date is listed, the date n te: If the date inserted in this	nust be specific	and cannot be p						
ument's effective date on the				,				

cord specifies a delayed effec s filed.	tive date, but i	not an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b) The 9	Oth day a	iter the
ed			<u> </u>					
		//-		sentative of a m				
		/////						

Filing Fee: \$25.00