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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tolking Jan K	Renoval Co-LLC SLimited Liability Company
The enclosed Articles of Amendment and fee(s) are	
Please return all correspondence concerning this m	anter to mo serve
	Name of Person
	Firm/Company
4978	Landon Creek PL
Kiss	immee FL 34758
E-mail-address	city/State and Zip Code City/State and Zip Code Catterson 2828@gmil.com Composition to be used for future annual report notification;
For further information concerning this matter, plea	ise call:
Jermaine Patterson Name of Person	at (407) 253 6948 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of State	2 S55.00 Filing Fee & S60.00 Filing Fee, us Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
	AAICAL Manna Camana Cinto VIII

Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Talking Junk R (Name of the Jimited Liability Co.	Demoval Co LLC Display as it now appears on our records. Ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 23000 334681</u>	onny were filed on 07/17/2023 and assigned	
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 L	Cabilly 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	803 Toledo Ct	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4978 London Creek PL Kissionee FL 347.5.8 fice address on our records, enter the name of the new register	red
agent and/or the new registered office address nere:	20	
Name of New Registered Agent: 28	Ester Florida street utilizes	11
K.351	Florida 31758 - 2	: :
New Registered Agent's Signature, it changing Registered Agent	agree to act in this capacity. I further agree to comply with th	
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is effice address, I hereby confirm that the limited liability	

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□ ∧dd
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			Change

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Note:	tive date, if other than the date of filing: [Coptional] [Coptional]
rd is f	
Dated	Marine 1744 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00