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(Re	questor's Name)	
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Special Instructions to f	Filing Officer:	
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C		•	ş
SUBJECT:	Jioherba)	112	
3003ECT	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Barry	Muchhy Name of Person	
	<u> </u>	one (be. / Firm/Company	
		3 Sunshing Road	4
	zephych·li.	5 , f (33 5 4) City/State and Zip Code	
		to be used for future annual report notifi	
For further information	concerning this matter, please ca	ali:	
B _{G.C}	of Person	at (<u>813</u>) <u>453 -</u> Area Code Daytime	-8099 e Telephone Number
Enclosed is a check for	the 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)
	n Section Corporations	Street Address; Registration Sec Division of Corp	porations
P.O. Box 6,	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jio Tio	pherbal ILC		2023 SEP =	· 1 Ail 10: 20
(Name of the	e Limited Liability Compa (A Florida Limited	a <mark>ny as it now appears</mark> (Liability Company)	n our records.)	
			7	. 1.
The Articles of Organization for this Lim	ited Liability Company	were filed on $\underline{\mathcal{S}}$	-22-23	_ and assigned
Florida document number <u>L 23<i>000</i> 3</u>	94400			
This amendment is submitted to amend th	ne following:			
A. If amending name, enter the new na	ume of the limited l <u>ial</u>	oility company here	;	
The new name must be distinguishable and contain	in the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if a	applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
			_ .	
Enter new mailing address, if applicabl	le:			
(Mailing address MAY BE A POST OF)	FICE BOX)			
B. If amending the registered agent an agent and/or the new registered office a	•	address on our reco	ords, <u>enter the name (</u>	of the new <u>regi</u>
igent and/or the new registered office a	iddress here.			
Name of New Registered Agent				
-				
New Registered Office Address:		Enter Florida	street address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if chan	ging Registered Agent	•		•
		_		, .
I hereby accept the appointment as reg provisions of all statutes relative to the	* * * * * * * * * * * * * * * * * * * *			
accept the obligations of my position a				

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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
MGR	Barry Mucphy	36603 Sunshine Road	※ Add
	,	36603 Sunshine Road Zephyshills fl 3354/	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

•	
	.
Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	Signature of a member or authorized representative of a member
	L 12
	Signature of a member or authorized representative of a member
	Barry Murphy Typed or printed name of signee