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C/11/24

## **COVER LETTER**

TO: Registration Section Division of Corporations

Jon Rogers LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Rogers

 Name of Person

 Firm Company

 5718 Parkstone Drive

 Address

 Address

 Matthew, NC 28104

 City/State and Zip Code

 Jon.t.rogers@live.com

 E-mail address: (to be used for future annual report notification)

 For further information concerning this matter, please call:

 Jonathan Rogers
 813
 5253577

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jon Rogers 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 09/25/2023 | and assigned |
|--|--------------|
|--|--------------|

Florida document number L23000443416

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

Jonathan Rogers LLC

The new name must be distinguishable and contain the words "Limited Liability 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) | AF | -         |
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|   |    | ب<br>م    |
| Enter new mailing address, if applicable:           |    | <u> </u>  |
| (Mailing address MAY BE A POST OFFICE BOX)          |    |           |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

| Name of New Registered Agent:  |                      |            |
|--------------------------------|----------------------|------------|
| New Registered Office Address: |                      | ·····      |
|                                | Enter Florida street | address    |
|                                |                      | _, Florida |
|                                | 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.

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 = M $AMBR = A$ | lanager<br>uthorized Member |         |                   |
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| D. If amending any other information, enter change(s) here: (Attach | additional sheets, if necessary.) |
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| 04/03/2024<br>Dated |  |
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|                     | - port + pa  |
|                     | Signature of a member or authorized representative of a member   |
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