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(((H24000285177 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070 Phone

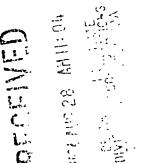
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>EFILE1234@INCFILE.COM</u>



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3608 JASMINE HILL RD LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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Registration Section

TO:

COVER LETTER

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| Division of Co | rporations | | |
|---|---|---|--|
| 3608 JA | SMINE HILL RD LLC | | |
| SUBJECT: | Name of Ein | nted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | Firm-Company | |
| | 17350 STATE HWY 249 | | |
| | | Address | |
| | HOUSTON TEXAS 7706 | | |
| | | City/State and Zip Code | |
| | EFILE1234@INCFILE.CO | DM to be used for future annual report not | dication |
| For further information c | concerning this matter, please c | | |
| LOVETTE DOBSON | | 888462345 | 3 |
| Name (| of Person | at () | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | © \$30,00 Filing Fee & Certificate of Status | 11 \$55.00 Filing Fee & Certified Copy additional copy is enclosed) | [3] \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of C P.O. Box 632 | Section 'orporations | Street Address: Registration Se Division of Cor The Centre of T | rporations |
| Tallahassee. | FL 32314 | 2415 N. Monro Tallahassee, FL | e Street, Suite 810 . 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000285177 3)))

ALLER OF THE STATE OF THE STATE

3608 JASMINE HILL RD 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 Con- | npany were filed on 12/1 | 1/2023 | _ and assigned | ٠٠٠ |
|---|---|---|-------------------------------------|----------|
| Florida document number L23000546499 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | d liability company here | <u>:</u> | | |
| 10520 EDD TIDE LANE LLC | | | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the desi | gration "LLC" or the abbr | eviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | _ |
| | | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | | orus, <u>errer the rame</u> | | <u>-</u> |
| New Registered Office Address: | | | | |
| | Enter Floride | i street address | | _ |
| | | , Florida | Zip Code | _ |
| | - Cηγ | | Zip Code | |
| New Registered Agent's Signature, if changing Registered A | <u>Agent:</u> | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agenticing filed to merely reflect a change in the registered company has been notified in writing of this change. | uplete performance of m ut as provided for in Ch | y duties, and Lam fai apter 605, F.S. Or, if | miliar with and this document is | |
| = | | | | |
| 1 | If Changing Registered Agen | t, Signature of New Regis | tered Agent | |

8/27/2024 16 24 03 CDT Page: 4/5

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>Name</u>

<u>Title</u>

| Address | Evpe of Action |
|---------------------------------------|----------------|
| | □Add |
| | □Remove |
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| Sective date, if other than the date of fil n effective date is listed, the date must be specific | ing: | _ | _ (optional) |
| n effective date is listed, the date must be specific a ter. If the date inserted in this block does no cument's effective date on the Department of | it meet the applicable | te of filing or more than 90 c statutory filing requireme | ays after filing.) Pursuant to 605.0207 ents, this date will not be listed as |
| ecord specifies a delayed effective date, but a is filed. | not an effective time. | at 12:01 a.m. on the earli | er of: (b) The 90th day after the |
| August 26th | 2024 | | |
| /. | Pohit C | bander | |

Typed or printed name of signee