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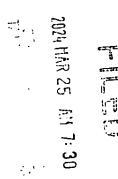
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
	OLDINGS. LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Robert W. Batsel, Jr.		
	<u> </u>	Name of Person	
	Gooding & Batsel, PLLC		
	•	Firm/Company	
	1531 SE 36th Avenue		
		Address	
	Ocala, Florida 34471		
		City/State and Zip Code	
	rbatsel@lawyersocala.com	to be used for future annual report not	tratation)
For further information	on concerning this matter, please c		incation
Robert W. Batsel, Jr		352 579-1290	
Nar	me of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	-	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado Registration Division o		Street Address: Registration Se Division of Co	
P.O. Box	6327	The Centre of 7	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAE HOLDINGS, LLC			
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial Florida document number <u>L23000553622</u>	bility Company	were filed on 12/15/2023	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
JAEC HOLDINGS, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREET		4450 NE 83RD ROAD	
		WILDWOOD, FL 34785	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)		4450 NE 83RD ROAD	200
•		WILDWOOD, FL 34785	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, enter the na	me of the new regist
Name of New Registered Agent:	N/A		<u>ယ</u>
New Registered Office Address:			
		Enter Florida street address	
		, Florida _	
		City	Zin 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 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>	<u>Address</u>	Type of Action
-	N/A		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	<u>.</u>		□Add
		, <u> </u>	□Remove
			□Change
		,	□Add
			□Remove
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			□ Change

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ective date, if other than the refrective date is listed, the date in	ust be specific and cannot be prior	r to date of filing or more th	(optional) an 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this current's effective date on the			airements, this date will not be listed a
annew 3 effective date on the	repartment of State 3 records	,	
record specifies a delay	ed effective date, but no	ot an effective time.	at 12:01 a.m. on the earlier of
he 90th day after the re	cord is filed.		
March 21	2024	•	
ted			
	Dear		
	Signature of a member or auth		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00