L24000039066

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

	tion Section of Corporations				
CLUBINGS	C & Associates LLC				
SUBJECT:	Name of Limited Liability Company				
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:				
	Luke Stucker				
	Name of Person				
	LJRC & Associates LLC				
	Firm/Company				
	9248 Woodhurst Dr				
	Address				
	Naples, Florida 34120				
City/State and Zip Code					
	stucker.luke@gmail.com E-mail address: (to be used for future annual report notification)				
For further inform	ation concerning this matter, please call:				
Luke Stucker	970 846-2286				
:	Name of Person Area Code Daytime Telephone Number				
Enclosed is a chec	k for the following amount:				
■ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}				

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJRC & Associates, LLC	_		
(Name of the Limite	d Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Lie lorida document number L24000039066	ability Company	were filed on 01/22/2024	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9248 Woodhurst Drive	
Principal office address MUST BE A STREE	T ADDRESS)	Naples, Florida 34120	24
			25.00
Inter new mailing address, if applicable:		9248 Woodhurst Drive	- 1 RED 7
Mailing address MAY BE A POST OFFICE BOX)		Naples, Florida 34120	
			<u> </u>
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ente</u>	er the name of the new register
New Registered Office Address:	9248 Woodhurs	st Drive	
rew registered office Address.		Enter Florida street addr	CSS
	Naples	. ‡	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jamie Stucker	9248 Woodhurst Drive Naples, Florida 34120	≅ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
4			
			□Remove
			🗆 Change
			□Add
			□Remove
			□Add
			Remove
			□Change

Note	ctive date, if other than the date of filing:
If the rec record is	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.
Date	October 21st 2024

Filing Fee: \$25.00