

L24000097073

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 28 PM 3:32

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BADASS JERKY, LLC

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:

JAZMIN A. MALAVE

Name of Person

BADASS JERKY, LLC

Firm/Company

12152 GRAND JARDEN DRIVE, #102

Address

FORT MYERS, FL 33913

City/State and Zip Code

badassjerkyllc@gmail.com

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

For further information concerning this matter, please call:

JAZMIN A. MALAVE

239

848-7272

at (_____) _____

Name of Person

Area Code

Daytime 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)

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**

BADASS JERKY, 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 02/19/2024 and assigned
Florida document number L24000087073.

This amendment is submitted to amend the following:

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

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)

12152 GRAND JARDIN DRIVE, #102

FORT MYERS, FL 33913

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12152 GRAND JARDIN DRIVE, #102

FORT MYERS, FL 33913

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

Name of New Registered Agent:

JAZMIN A. MALAVE

New Registered Office Address:

12152 GRAND JARDIN DRIVE, #102

Enter Florida street address

FORT MYERS,

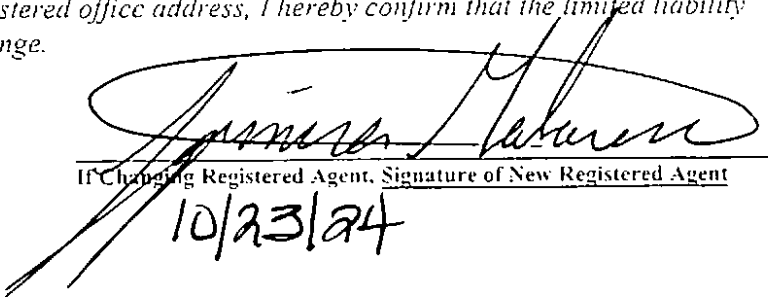
City

Florida 33913

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 Changing Registered Agent, Signature of New Registered Agent

10/23/24

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>	<u>Type of Action</u>
MGR	TOMAS MALAVE	5811 HALIFAX AVENUE	<input type="checkbox"/> Add
		FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAZMIN A. MALAVE	12152 GRAND JARDIN DRIVE, #012	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

10 | 23 |

2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00