## L24000150641

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9/11/2025

## Docusign Equetope ID: 9CEFA97A-9CD4-4349-AAE7-0C2A85323ACB

TO:

Registration Section
Division of Corporations

SUBJECT: N22JV 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: Dane Maddox Name of Person Firm/Company 9474 N Hammock Rd Address Zolfo Springs, FL 33890 City/State and Zip Code maddoxdt5@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Kinberger Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** 

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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



September 3, 2025

DANE MADDOX 9474 N HAMMOCK ROAD ZOLFO SPRINGS, FL 33890

SUBJECT: N22JV LLC

Ref. Number: L24000150641

We have received your document for N22JV LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on July 15, 2025.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 525A00019651

Claretha Golden Regulatory Specialist II

## Docusign Envelope ID: 9CEFA97A-9CD4-4349-AAE7-0C2A85323ACB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2025 SEP 11 PH 4: 08

			1010 051 11 1H 4- 06	
N22JV LLC	H: 122 C		SECRETARIO OF STATE  SECRETARIO OF STATE  SECRETARIO OF STATE	
( <u>Name of the Limited</u> (A	Liability Compa   Florida Limited	ny as it now appears on our record Liability Company)	B) TALLAHASSEE, FL	
The Articles of Organization for this Limited Lial	bility Company	were filed on 03/28/2024	and assigned	
Florida document number L24000150641	·			
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:		
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:		9474 N Hammock Rd		
(Principal office address MUST BE A STREET ADDRESS)		Zolfo Springs, FL 33890		
Enter new mailing address, if applicable:		9474 N Hammock Rd		
(Mailing address MAY BE A POST OFFICE BOX)		Zolfo Springs, FL 33890		
B. If amending the registered agent and/or reg	gistered office :	address on our records, <u>enter</u>	the name of the new registered	
agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	Dane T. Ma	ddox		
New Registered Office Address:	9474 N Hammock Rd			
	Enter Florida street address			
	Zolfo Springs	, FI	orida <u>33890</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re company has been notified in writing of this cl	and complete ered agent as p gistered office	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	

( Pare T. Madder If Changing Registered Agent, Signature of New Registered Agent Decusign Envelope ID: 9CEFA97A-9CD4-4349-AAE7-0C2A85323ACB
11 amenuing Authorized rerson(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>	Name	Address	Type of Action
MGR	CHARLES R KINBERGER	315 COMMERCE WAY	□Add
		JUPITER, FL 33458	≣Remove
			□Change
MGR	DANE T MADDOX	9474 N Hammock Rd	<b>=</b> Add
		Zolfo Springs, FL 33890	□Remove
			Change
			□Remove
			Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change

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fan cf	tive date, if other than the date of filing:
<u>lote:</u> locun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
reco d is fi	rd 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.
ated	July 11 , 2025 . Signed by:
	Signed by:  (a) Paul T. Madder
	· · · · · · · · · · · · · · · · · · ·
	← 8BC35DRBF9R0483
	Signature of a member or authorized representative of a member  Dane T. Maddox

Filing Fee: \$25.00