



| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corporations | | | |
|-----------------------------|--|---------------------------------------|--|
| SUBJECT: | Jovany Co | ited Liability Company | |
| | Name of Lim | ited 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: | |
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| | | Mame of Person | |
| | | / Name of Person | |
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| | <u> </u> | Y Conton LLC | · · · · · · · · · · · · · · · · · · · |
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| | Minno F | City/State and Zip Code | |
| | | City/State and Zip Code | |
| | Adama | in | (aW) |
| | E-mail address; | 10 Vowy Conton 10. | cation) |
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| For further information of | oncerning this matter, please co | all: | |
| T | 6 | 010 /20/1 | 2162 |
| <u> </u> | (Ponton | at (863) 484- Area Code Daytime | Tolophore Number |
| Natife 0 | i reison | Area Code Daytine | Telephone Number |
| | | | |
| Enclosed is a check for the | he following amount: | | |
| . / | - | □ 6 55 00 EU | □ •00 00 PT P |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & |
| | Continuate of Status | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |
| | | | |
| | | | |
| Mailing Addres | <u>is:</u> | Street Address: | |
| Registration Section | | Registration Sect | ion |
| Division of C | - | Division of Corp | |
| P.O. Box 632 | 27 | The Centre of Ta | llahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Lanton LLC |
|---|---|
| (A Florida Limited | Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L34000156662.</u> | y were filed on April 02, 2024 and assigned |
| Florida document number <u>L34000156662</u> . | PHIZ: C |
| This amendment is submitted to amend the following: | 2: 33 |
| A. If amending name, enter the new name of the limited lin | bility company here: |
| he new name must be distinguishable and contain the words "Limited Liab | sility Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | 776 NW 128 St |
| (Principal office address MUST BE A STREET ADDRESS) | North Miami FC, 33168 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 770 NW 123 ST North Micmi FL; 33168 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | Jovany Conton |
| New Registered Office Address: | Tovan/ Conton 770 NW 128 5+ Enter Florida street address |
| North | Millioni, Florida 33168 Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | ıt: |

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> | Name | Address | Type of Action |
|--------------|---------------|-----------------------------------|----------------|
| MGB | Jovany Conton | 720 NW 128 ST | (DAdd |
| | · · | 720 NW 12-8 St Miami, FL 33168 | Remove |
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| lf amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| lf an effecti <u>Note:</u> If t | date, if other than the date of filing: (optional) ve 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 's effective date on the Department of State's records. |
| e record sp rd is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | June 18 , 2024. |
| | Signature of a member or authorized representative of a member |
| | Jovany Conton |
| | Types or printed name of signee |

Filing Fee: \$25.00