L24000163166

(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:

Office Use Only



800429180708

01/106/24--01022--016 **25.00



COVER LETTER

TO: Registration So Division of Cor				
Jolly Town	a. LLC			
SUBJECT:	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:		
	Scott Sharp			
		Name of Person		
	,, , , , , , , , , , , , , , , , , , ,	Firm/Company		
	791 Crandon Blvd., Unit 3	04		
	-	Address	<u> </u>	
	Key Biscayne, FL 33149			
		City/State and Zip Code		
	kbsharps@gmail.com			
	E-mail address: (to be used for future annual report notif	cation)	
For further information of	concerning this matter, please c	all:		
Scott Sharp		305 725-4044 at ()		•
Name o	of Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for t	he following amount:			1
■ \$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

Jolly Town, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L24000163166</u> .	vere filed on 05 April 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	of the new registere
Name of New Registered Agent:		:
		-
New Registered Office Address:	Enter Florida street address	· · ·
	Florido	-
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		- :
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pakeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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
MGR	Kenneth Backes	677 Hampton Lane	□Add
		Key Biscayne, FL 33149	■Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			- □Add . '
		 	□Remoye
			☐Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

_	
-	
-	
_	
_	
_	
_	
-	
-	
_	
_	
_	
	
_	
_	
_	
ın eff <u>ote:</u>	ive date, if other than the date of filing:
ecor is fil	d 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
	May 01 . 2024 .
ated	
ated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00