## L24000174298

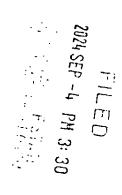
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE SEP 1 0 2024			





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09/04/24--01020--007 ++25.00



## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations			
	ade LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Joseph F. Smith, Jr.			
		Name of Person		
		Firm/Company		
	P.O. Box 2246			
	Address			
	Pineland, FL 33945			
	jjr@ifsmith.com	City/State and Zip Code	<del></del>	
		to be used for future annual report not	ification)	
For further informati	on concerning this matter, please c			
M. Brian Cheffer		239 334-1381 at ()		
Na	me of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check t	or the following amount:			
■ \$25.00 Filing Fe	e S30.00 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 Ad		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTIC	CLES OF ORGANIZATION	$\mathcal{F}_{I_{i}}$
	OF	2024 SED LED
3547 Jade LLC		2024 SEP - 4 PM 3: 30
(Name of the Limited	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
(A	Florida Limited Liability Company)	1750
The Articles of Organization for this Limited Liab	oility Company were filed on $\frac{04/12/202}{1}$	4 and assigned
Florida document number L24000174298		•
	<del></del> -	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	da	
• • •	<del></del>	
(Principal office address MUST BE A STREET)	ADDRESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg		, enter the name of the new register
agent and/or the new registered office address l	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New tyegisteted office reduced.	Enter Florida stree	et address
Florida		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered (	agent and agree to act in this capaci	ty. I further agree to comply with th
provisions of all statutes relative to the proper		

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>	<u>Name</u>	Address	Type of Action
MGR	Tracy J. Smith	PO Box 2246	■Add
		Pineland, FL 33945	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change

Dated 8 38 202 Signature of a member or authorized representative of a member		
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	Dated	8/28/2024
M. Brian Chaffer, Authorized Roppocontative	-	Signature of a member or authorized representative of a member
ivi. Drau Cherier. Admontos Representanve	i	M. Brian Cheffer. Authorized Representative

Filing Fee: \$25.00