

L2H000 205 941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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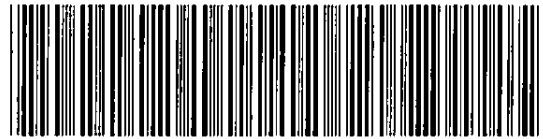
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11335 6TH AVE OCEAN, 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:

JAY ARNESEN
Name of Person

JMA OPERATIONS, LLC
Firm/Company

2728 NE 10 ST
Address

POMPANO BEACH, FL 33062
City/State and Zip Code

ARNESEN.JAY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JAY ARNESEN at (201) 286-1881
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**

11335 6TH AVE OCEAN, 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 5/2/24 and assigned
Florida document number L24000205941

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ELEVATE LEGAL SERVICES, PLLC

New Registered Office Address:

40 SE 5TH ST, SUITE 600

Enter Florida street address

BOCA RATON

City

Florida

33432

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

FOR ELEVATE LEGAL SERVICES, PLLC

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>
AMBR	ARNESEN FAMILY HOLDINGS, LLC	2728 NE 10 ST	<input type="checkbox"/> Add
		Pompano Bch, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KRISTIN ARNESEN	2728 NE 10 ST	<input type="checkbox"/> Add
		Pompano Bch, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JMA OPERATIONS, LLC	2728 NE 10 ST	<input checked="" type="checkbox"/> Add
		Pompano Bch, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF DEFENSE
TALL

2024 SEP 16 PM 2:58
SECRETARY OF STATE
FALL ARCADE

(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.

Dated SEPTEMBER 7, 2024

1 A - MGR IMA OPERATIONS, LLC
Signature of a member or authorized representative of a member

JAY ARNESEN
Typed or printed name of signee

Filing Fee: \$25.00