## L24000206750

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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		**************************************
SUBJECT: Khns	ONY CONIDDEA.	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
For further information c	E-mail address: (	to be used for future annual report notificall:	cation)
Frank Juhnsi Name o	∬ Person	at (305) 193- Area Code Daytime	ZIV
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnsons Courthream Grall and Go

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company
The Articles of Organization for this Limited Liability Company Florida document number 124000206750.	were filed on MAY 02, 2024 and assigned
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code:
	City 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.

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
<u>AHBR</u>	Frank E Johnson	1869NW 74th forminns	Fla 3447 GAdd
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			□Remove
			□Change

<u> </u>	
ective date, if other than the date of filing: MAY 17, 20 on effective date is listed, the date must be specific and cannot be prior to date of the: If the date inserted in this block does not meet the applicable status	filing or more than 90 days after filing.) Pursuant to 605.03
ument's effective date on the Department of State's record	
cord specifies a delayed effective date, but not an effective time, at 12 s filed.	1:01 a.m. on the earlier of: (b) The 90th day after the
ed	_
cd	- · · · <u>· · · · · · · · · · · · · · · ·</u>
Frank L. Johnson  Typed or printed name o	. ; ; ;