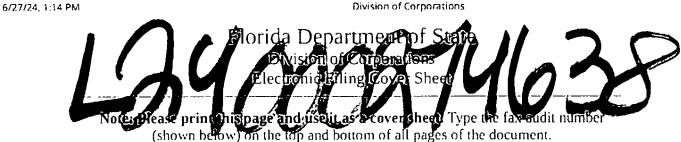
Division of Corporations



(((H240002219013)))



H240002219013ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

 $\overset{m{\omega}}{x}$ annual report mailings. Enter only one email address please.** Email Address:__

**Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOESPHALLEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

JUN 2 8 2024 Help

Electronic Filing Menu — Corporate Filing Menu

1/2 JOESPH ALLEN LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Fio	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000274638	y Company were filed on 06/17/24	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I	imited liability company here:	.
Joseph Allen LLC		(b)
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	hbreviation "L.L.C"
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD.	DRESS)	2
		- m
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:		ne of the new registered
New Registered Office Address:	Enter Florida street address	
	vnier riorua street adaress	
	, Florida	Zıp Code
New Registered Agent's Signature, if changing Registe	·	ειρ εναθ
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I further ag I complete performance of my duties, and I am I agent as provided for in Chapter 605, F.S. Or wed office address, I hereby confirm that the li	familiar with and if this document is
	If Changing Registered Agent, Signature of New Re	gistered Agent

6/27/2024 10:16:31 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
.			□Add
		 	□Remove
			Change
			□ Add
		4	□Remove
			Change
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Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	block does not n	neet the applical	o date of filing or mole statutory filing	(opt ore than 90 days afte g requirements, th	ional) r tiling.) Pursuant to 6 is date will not be F	605.0207 (3 isted as th
he record specifies a delayed effectord is filed.	rtive date, but not	an effective tin	ne, at 12:01 a.in. (on the earlier of: (b) The 90th day af	fter the
Dated June 27		2024	_ :			
Relati	v /-v	<i>Y</i>		of a member		
	Signature of a r	nember or author	ized representative	of a member		