Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000319673 3)))



H240003196733ABC2

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



inter the email address for this business entity to be used for future Eannual report mailings. Enter only one email address please.**

	Address:				
s,					
f):					
.1					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOH REWORKING LLC

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

K. SALY

SEP 1 9 2024

Page: 2/4 To: 18506176383 Fax: 8134365206 9/19/2024 10:42:50 PDT

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



JOH reworking LLC

	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2400037969 \$	were filed on 08/29/24 and assigned
This amendment is submitted to amend the following:	
A. 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	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4 Dogwood ct
(Principal office address MUST BE A STREET ADDRESS)	South Daytona Florida 32119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	4 Dogwood ct South Daytona Florida 32119 address on our records, enter the name of the new registered
Name of New Registered Agent:	
	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code
Name of New Registered Agent:	. Florida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

9/19/2024 10:42:50 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
			□Remove
			Dehange ~
			O Add
			□ Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
A			
			□Remove
			Change
			□Remove
			Ch

9/19/2024 10:42:50 FDT - To: 18506176383 Page: 4/4 Fax: 8134365206

O. If amending any other information, enter change(s) here: (Attach a	
	ين.
	产量 1
	6
	·
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 and is filed.	a.m. on the earlier of: (b) The 90th day after the
Dated September 19th 2024	
Signature of a member or authorized represe	mative of a member
Nat Smith	
Typed or printed name of sig	unee