

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.

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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOH reworking LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records,) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L24000379675	ty Company were filed on 08/29/24	and assigned
This amendment is submitted to amend the following	ż;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name of	2024 SEP 25 Phenomena 2:
	TE	20
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u> </u>	Florida	
	City Z	p 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.

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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>	Name	<u>Address</u>	Type of Action
AMBR	RICHFORD, JOHN JAY	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠Remove
			☐ Change
AMBR	RICHFORD, JOHN JAY	4 DOGWOOD CT	5 X 1Add
		SOUTH DAYTONA, FL 32119	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			(Change
			UAdd
			□Remove
			□Change

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(li'an el Note:	tive date, if other than the date of filing:
he reco	rd 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 iled.
Dated	September 25th 2024
	Signature of a member or authorized representative of a member
	Nat Smith
	Typed or printed name of signee