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FEB 2 0 S. PRATHER

CÓVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	Jokerette, LI	-C		
Jonatio I.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Elthon Castillo		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Jokerette, L.L.C.		
			Firm'Company	
		8950 NW 12th Place		
			Address	
		Plantation, Florida, 33322		
			City/State and Zip Code	——————————————————————————————————————
		derkommissarlle@gmail.com		
			to be used for future annual report	t notification)
For further in	formation co	ncerning this matter, please ca	all:	
Elthon Castil	ło		954 899-866	6
	Name of	Person	at () Area Code Da	nytime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fec	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

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		T-1
Jokerette, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) imited Liability Company)	
	, , ,	<u> </u>
The Articles of Organization for this Limited Liability Con	npany were filed on 1/10/2025	and assigned
Florida document number L21000082514		
This amendment is submitted to amend the following:		۱
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
Der Kommissar, L.L.C.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.1 C."
Enter new principal offices address, if applicable:		<u>-</u>
Principal office address MUST BE A STREET ADDRES	(SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ff or address on an arrange and a second	
gent and/or the new registered office address here:	ince address on our records, enter the na	ime of the new regis
a service of the serv		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	**
	, Florida	7in Code
	C#N'	Zin 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□ Change

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Signature of a member or authorized representative of a member	cu		<u> </u>
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		Signature of a member or authorized representative of a membe	
		N = A + A	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00