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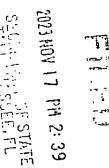




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## **COVER LETTER**

TO: Registration S Division of Co		
MAD MU SUBJECT:	JST HAVZ LLC	
SOBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
	ADAM DEMIANCZYK	
		Name of Person
	MAD MUST HAVZ LLC	
		Firm/Company
	14281 CAIN AVE.	
	<del></del>	Address
	PORT CHARLOTTE, FLO	DRIDA 33953
		City/State and Zip Code
	68pont@gmail.com	
	E-mail address: (	to be used for future annual report notification)
For further information	concerning this matter, please c	all: حي
ADAM DEMIANCZY	К	203 751-1672 <u>(6. 局</u> 二 at (二 )
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	THE PARTY OF THE P
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee and Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee and Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (		Street Address: Registration Section Division of Corporations
P.O. Box 63		The Centre of Tallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAD MUST HAVZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10-20-2023}{10-20-2023}$ and assigned Florida document number 1.23000482435 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ADAM DEMIANCZYK	14281 CAIN AVE.	🗆 Add
		PORT CHARLOTTE, FLORIDA 33953	□Remove
			■Change
			□Add
			🗆 Remove
			□Add
		<del></del>	□Remove
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ocument's effective date on the Dep	partment of State's record	S.	į	S 53
				건집 39
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after
is filed.				
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		to the contract of the contrac	L	
	Signature of a member of dut	horized representative of	a member	