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(Requ	estor's Name)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
1853 NW 5	SCLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julian Franco		
		Name of Person	
		Firm/Company	
	11380 S Point Dr		
		Address	
	Cooper City Fl 33026		
		City/State and Zip Code	
	hildagon@hotmail.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Julian Franco		954 2455192 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration So Division of Co The Centre of	rporations Tallahassee
Tallahassee, I	TL 32314	2415 N. Monro Tallahassee, Fl	De Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1853 NW 5 St LLC		
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 03/20/2024 a	nd assigned
lorida document number 1.24000137849		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	igg"L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		TE (HEED)
		- 1 - 1 1 1 t
nter new mailing address, if applicable:	うない。 5846 S Flamingo Rd #175, Fort Lauderdäle 手	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	10 m 20 m	8
	·	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of t	he new registe
Name of New Registered Agent:		 -
New Registered Office Address:	Enter Florida street address	•
· 	, Florida	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>	<u>Address</u>	Type of Action
MGR	Julian Franco	11380 S Point Dr. Cooper city Fl 33026	□Add
			■Remove
			Change
MGR	JHML enterprises LLC	5846 S Flamingo Rd #175, Fort Lauderdale Fl 33330) ≣ Add
			□Remove
		 	□Change
MGR	The G Bug LLC	11380 S Point Dr, Cooper City Fl 33026	= Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
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in the date if						
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record specifies a d is filed.		202	24	2:01 a.m. on the e		he 90th day after th

Filing Fee: \$25.00