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6/11/24 KH

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	F COAST LLC		
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:	
	SERGIO PALACIOS RET	TVOFF	
		Name of Person	
	AJI GULF COAST LLC		
		Firm/Company	
	19146 CYPRESS GREEN	DR	
		Address	
	LUTZ, Fl. 33558		
		City/State and Zip Code	
	ajicostadelgolfo@gmail.c	om to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca		
SERGIO PALACIOS RE	ETIVOFF	786 406-2044	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		[52]
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sect	
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta	
Tallahassee, I	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJI GULF COAST 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 $\frac{05/03/2024}{1}$ and assigned Florida document number _L24000208206 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

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 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
AMBR	ANTAL INVESTMENTS, LLC	629 SAN ANTONIO AVE.	= Add
		CORAL GABLES, FL 33146	□Remove
			□Change
			□Add
			□Remove
			□Change
			
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