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PALINBASSEE, FL

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COVER LETTER

TO: Registration : Division of C				
CHARLES AND COST	naming and insulation LLC			
SUBJECT:	Name of Lin	Name of Limited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Winston Jackson			
		Name of Person		
	·	Firm/Company		
	4485 NW 42nd terrace			
		Address		20
	Lauderdale lakes FL 3331	9		22 JU
	ejexpresslle12@yahoo.com	City/State and Zip Code		2022 JUN 27 AMII: 56 FALLAHASSEE FL
	E-mail address: (to be used for future annual report noti	fication)	SSE A
For further information	concerning this matter, please of	all:		
Winston Jackson		954 5576107 at ()		- 23 5 6
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
Mailing Addr Registration		Street Address: Registration Sec Division of Cor		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unique loaming and insulation LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.210000437008}{1.0000437008}$.	were filed on 10/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RYE-BUCKS JERK PAN LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4485 NW 42nd terrace	
(Principal office address MUST BE A STREET ADDRESS)	Lauderdale lakes Fl 33319	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, enter th	2022 JUN 27 MM 1 registered e name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	, Flori	da Zip Code
	City	Zip 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 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
	N/A		🗀 Add
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record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. c	on the earlier of: (I	o) The 90th da	y after the
is filed.	. •			
ated	zed representative	of a member		

Filing Fee: \$25.00