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T. MATTHEWS JUN - 8 2022

COVER LETTER

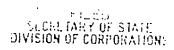
Division of Corporations
SUBJECT: <u>EA & JM Management</u> . <u>LLC</u> Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eddie Gomez Name of Person
EA - JM Management LLC
13005 Islamorada Dr.
Orlando, Florida 32837 City/State and Zip Code
Octando, Florida 32837 City/State and Zip Code Maedela Oldanail. Com E-mail address: (1) be used forfuture annual report notification)
For further information concerning this matter, please call:
Eddie Gomez at (407), 509-9238 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup S30.00 Filing Fee & B55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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EA - JM (Name of the Limit	Management, LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	iability Company were filed on 12-21-2009 and assigned 80906.
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> ss h <u>ere</u> :
Name of New Registered Agent:	Maela Gomez 13005 Islamorada Dr.
New Registered Office Address:	Enter Florida street address
·	Orlando Florida 3283 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address Eddie Gomez 13005 Tslamorada Dr. DAdd Orlando, FL 32837 Kemove ___ □Change _____ Change □Add ____ _ □Remove _____ □Change □Add □ Remove □ Change □Add

□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
ne recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	April 12 . 2022.
	Signature of a member of authorized representative of a member
	Eddie Gomez
	Typed or printed name of signee

Filing Fee: \$25.00

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