## L11000114516

(Requestor's Name)
<b>V</b> . 1
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT: FJQ GROUP	PLLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filling.	
Please return all correspond	dence concerning this matter to the following:	
	JENNY CASTANEDA	
	Name of Person	<del></del>
	Firm/Company	
	22830 Dolorosa St.	
	Address	<del></del>
	Woodland Hills, CA 91367  City/State and Zip Code	
	·	
	JENNY@OPEN2WORK.ME  E-mail address: (to be used for future annual report notification	<del></del>
For further information cor	ncerning this matter, please call:	
JENNY CASTANEDA	at ( 305) 785 0525	
Name of h		hone Number
Enclosed is a check for the	e following amount:	
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJQ GROUP LLC				
(Name of the Limite	ed Liability Company as (A Florida Limited Liabil	it now appears on ou ity Company)	r records.)	
he Articles of Organization for this Limited Lia	ability Company were	e filed on FLORIDA	<b>\</b>	and assigned
orida document number L11000114516	<del></del>			_
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liability	company here:		
PPEN2WORK LLC				
he new name must be distinguishable and contain the we	ords "Limited Liability Co	ompany," the designation	on "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applica	able: N	/A		
Principal office address MUST BE A STREE	T ADDRESS)			
	_			<del> </del>
				$\frac{\overline{c}}{\lambda}$
nter new mailing address, if applicable:	N/	<u>/A</u>	•	<u> </u>
<u> Aailing address MAY BE A POST OFFICE I</u>	<u></u>			<u> 2:                                     </u>
			:Fc 	77 1-
			נגו י־:ו	59
. If amending the registered agent and/or regent and/or the new registered office addres	-	ess on our records	enter the name	of the new registe
Name of New Registered Agent:	Nin			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:				
		Enter Florida stree	et address	
			Florida	74. (1.1
	1	Ciţv		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

<u>Title</u>	Name	Address	Type of Action
		N/A	☐Add
			□Remove
			□Change
	<del></del>		⊐Add
			□Remove
			☐ Change
	<del></del>		□Add
			□Remove
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			□Change
			□Add
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			Change

	N/A
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(If an eff	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
he recor	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
ord is fi	ed.
Dated	July 12 2024
	signature of a prember or authorized representative of a member