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2024 AUG 12 CH 12: 27
SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

TO: Registration Se Division of Con					
IRNA Inve	estment, LLC				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Iris Cohen				
		November 200 per un	<del></del>		
		Name of Person			
		Lirm-Company	<del></del>		
	16051 Collins Ave. Unit 3	062			
		Address	<del></del>		
	Sunny Isles Beach, FL 33	60			
		City/State and Zip Code		() <del>\</del> 2	
	irna197a mac.com			ECI TA	
	F-mail address: (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all.		44 73 73	
lus Cohen		305 4093835 at()		588E	[] [
Name o	of Person	Area Code Daytime	: Telephone Number	2024 AUS 12 BM I2: 27 SECRETARY OF STATE TALLAHASSEE, FL	- A. A. A. A.
Enclosed is a check for the	he following amount:			1.,	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60,00 Filing Certificate of Certified Co cadditional cop	of Status & opy	

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

Street Address: 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

JRNA Investment, 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 05/24/2016. \_ and assigned Florida document number 1.16000100687 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 "i united I jability 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 seconds. agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Unter Florida street address  $C_{HV}$ 

## 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>	<u>Name</u>	Address	Type of Action
AMBR	Simon Cohen	16051 Collins Ave. Unit 3002	
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Effective date, if other If an effective date is listed, if Note: If the date inserted document's effective date	he date must be specif I in this block does	lic and connot be pr not meet the app	ior to date of fiting ( licable statutory f	er more than 90 day:	suffer filing.) I	•ursuan <del>i (b</del>	605 <del>-2</del> 07 listed as
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		2024 <sub>0</sub>					
Dated August 5		Hill	<del></del> ·				
Dated August 5	Signature	Jullu 2011 millioner or al	thorized represents	uive of a member			

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Filing Fee: \$25.00