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## **COVER LETTER**

TO: Registration Se Division of Corp					
JR64 LLC					
SUBJECT:	Name of Lim	ited Liability Company	Name of Person  SY INC  Firm/Company  SUITE 114  Address   ty/State and Zip Code  .com used for future annual report notification)  at (		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Name of Limited Liability Company  sof Amendment and fee(s) are submitted for filing.  sepondence concerning this matter to the following:  ALAN FYNE  Name of Person  DINNALL FYNE & COMPANY INC  Firm/Company  1515 N UNIVERSITY DRIVE SUITE 114  Address  CORAL SPRINGS, FL 33071  City/State and Zip Code  Goldenbluemanagement@gmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (4)  Area Code  Daytine Telephone Number  or the following amount:  Se S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
DINNALL FYNE & COMPANY INC					
Firm/Company					
	1515 N UNIVERSITY DRIVE SUITE 114				
		Address			
	CORAL SPRINGS, FL 33	071			
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For further information co			iteation		
Jonathan De Tullio					
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address	s:	Street Address:			

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

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**

JR64 LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comparison for the Linds of Comparison of Co	ny were filed on MA	Y 08, 2017 and assigned		
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited li	ability company her	<u>-e</u> :		
he new name must be distinguishable and contain the words "Limited Lic	ability Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	1515 N. UNIVER	1515 N. UNIVERSITY DRIVE		
Principal office address MUST BE A STREET ADDRESS)	SUITE 114	SUITE 114		
	CORAL SPRING	CORAL SPRINGS, FLORIDA 33071		
Enter new mailing address, if applicable:	1515 N. UNIVE	RSITY DRIVE		
Mailing address MAY BE A POST OFFICE BOX)	SUITE 114	SUITE 114		
	CORAL SPRING	CORAL SPRINGS, FLORIDA 33071		
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:  DINNALL F	e address on our red YNE & COMPANY,			
	<u> </u>	<del></del>		
	VEDSURY DOLVE SE	arre 114		
	VERSITY DRIVE SU			
1515 N. HWI	Enter Florid	JITE 114 da street address Florida 33071		

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 8

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
MGR	LACHANCE JEAN	990 BISCAYNE BLVD	□Add
		OFFICE 701	Remove
		MIAMI. FL 33132	
AMBR	JUSTINE REY	1515 N. UNIVERSITY DRIVE SUITE 114	<b>=</b> Add
		SUITE 114	□Remove
	CORAL GABLES, FL 33132		
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			DCT 28
			28 SERemove

Meetive date, if other than the date of filing:  (08/26/2024 (Optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207 (306 office): If the date inspected in this lock does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.  record 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 dis filed.  AUGUST 26 2024  Signature of a member or authorized representative of a member PH 32  Signature of a member or authorized representative of a member PH 32  Signature of a facilities or authorized representative of a member PH 32  Signature of a facilities or authorized representative of a member PH 32  Signature of a facilities or authorized representative of a member PH 33  Signature of a facilities or authorized representative of a member PH 33  Signature of a facilities or authorized representative of a member PH 33  Signature of a facilities of a member PH 33  Signature of a facilities of authorized representative of a member PH 33  Signature of a facilities of authorized representative of a member PH 33  Signature of a facilities of a member PH 33  Signature of a facilities of a member PH 33  Signature of a facilities of a member PH 33  Signature of a facilities of a member PH 33  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a member PH 34  Signature of a facilities of a m	f amending any other information	on, enter change	e(s) here: <i>(Attac</i>	h additional sheet	s, if necessary.)		
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