## 117000109261

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
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T. MATTHEWS

## **COVER LETTER**

TO:

то:	Registration Se Division of Cor			
	Jusic, LLC			
SUBJE	ECT:			
			ited Liability Company	•
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Azmir Jusic		
			Name of Person	
		Jusic, LLC		
			Firm/Company	
		3956 Town Center Blvd F	MB 126	
			Address	
		Orlando, Florida, 32837		
		azmirjusic@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For fur	ther information c	oncerning this matter, please c	all:	
Azmi	r Jusic		407 749-8587	
			at ()	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Addres		Street Address:	
Registration Section			Registration Section	
Division of Corporations		Division of Co The Centre of		
	P.O. Box 632 Tallahassee, 1			roe Street, Suite 810
	i ananassee,	FL 34314	2410 IN. MIUIII	or ancer anne ord

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jusic, LLC 21 007 27 FN 3: 20

(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 \_\_ and assigned L17000109261 Florida document number 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 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 21 007 27 Pit 3: 20	Type of Action
AMBR	Azmir Jusic	3956 Town Center Blvd. PMB 126 Orlando, Florida 32837	□Add
			□Remove
			Change
			□ Add
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			□ Change

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on	(anti-nall)
ffective date, if other than the date of filing an effective date is listed, the date must be specific are	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
vote: If the date inserted in this block does not locument's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
October 21st	2021
ated	
11/	
Signature of a	a member or authorized representative of a member
Azmir/Jusic	
//	Typed or printed name of signee