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(Requ	uestor's Name)	
(Addı	ress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	
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APR 2 8 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration So Division of Cor			
LJ 24 LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	- -	
	LEONARD J. MINUTO J	R.	
		Name of Person	
	LJ 24 LLC		
		Firm/Company	
	3199 SE CARRICK GREI	EN COURT	
		Address	
	PORT ST. LUCIE, FLOR	IDA 34924	
		City/State and Zip Code	
	alennylocksmith@gmail.co	•	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Robet M. Kesten, Esq		561 832-8288	
Name o	t Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Registration S Division of C	Section Corporations 7	Street Address: Registration So Division of Co The Centre of	(additional copy is enclose ection rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29

LJ 24 LLC			22
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeated Liability Company)	ars on our records.)	703 PD 11
The Articles of Organization for this Limited Liability Comp Florida document number L17000257293			and assigned
This amendment is submitted to amend the following:			F
A. If amending name, enter the new name of the limited	liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3199 SE CARI	3199 SE CARRICK GREEN COURT	
(Principal office address MUST BE A STREET ADDRESS	PORT ST. LU	PORT ST. LUCIE, FL 34942	
			·
Enter new mailing address, if applicable:	3199 SE CARI	3199 SE CARRICK GREEN COURT	
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST. LU	PORT ST. LUCIE, FL 34924	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our	records, <u>enter the</u>	name of the new registe
New Registered Office Address: 3199 SE CA	ARRICK GREEN CO	URT	
	Enter Florida street address		
PORT ST. I	LUCIE	, Floric	ia 34942
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent	lete performance o	f my duties, and I	am familiar with and

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□ Remove
			□Change
			□Remove
			□Change
		□ Remove	
			Change
		□ Add	
		□Remove	
			Change
		□Add	
			□Remove
			□Change

an effecti lote: If	date, if other than the date of filing:
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March 17, 2020. Joseph J. Mub Signature of a member or authorized representative of a member
	organizate of a member of audiorized representative of a member