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(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
AJRR LLC SUBJECT:	2		
	Name of Lir	ited Liability Company	
	Amendment and fee(s) are sub		
rease recall all correspo	ALICIA S JAIKARAN	to the following:	
		Name of Person	
	AJRR LLC		
		Firm/Company	
	11225 FLOCK AVE		
		Address	
	WEEKI WACHEE, FL 34	613	
	jabills1210@gmail.com	City/State and Zip Code	
	E-mail address: (0	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
ALICIA S JAIKARAN		352 678-0103	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJRR LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L1000043862	were filed on 02/19/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAS
(Principal office address MUST BE A STREET ADDRESS)		ECRE
		TARRY TARRY
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		STAI! 'L'QNIC 7: 09
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
N. C. B. C. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Ciŋ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ALICIA S JAIKARAN	11225 Flock Ave Weeki Wachee FL 34613	■ Add
			Remove
			Change
		· 	□ Add
		Remove	
		□ Change	
		D Add	
		Remove	
		Change	
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Effective date, if other than the data (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date does not meet the applicable st	of filing or more than 90 days af atutory filing requirements, t	his date will not be listed as the
he record specifies a delayed ef The 90th day after the record	fective date, but not an or is filed.	effective time, at 12:01	La.m. on the earlier of:
FEBRUARY 28th	2018		
Dated	,		
Dated			
	nature of a member or authorized r	epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00