(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Division of C			
CUDIFCT.	Jephthe J.Drui	mz Charles LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Jephthe Jean-Charles	
		Name of Person	<del> </del>
	Jephtl	ne J.Drumz Charles LLC.	
		Firm/Company	
		146 NE 68th Terrace	
		Address	
		Miami FL 33138	
		City/State and Zip Code	
		J.Drumz54321@gmail.com	
For further information	n-mail address: (	to be used for future annual reporall:	t notification)
Jephthe 3	lean-Charles		786-329-1514
Name	e of Person	at () Area Code Da	aytime Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration	<del></del>	Street Addres Registration	<del></del>
Division of	Corporations	Division of	Corporations
P.O. Box 63	327	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appear liability Company)	s on our records.)	<del></del>
were filed on	9/18/2018	and assigned
lity company he	<u>re</u> :	
ity Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
orincipal offices address, if applicable: 146 NE 68th Terrace		
Miami Fl	., 33138	
		2023FE
ddress on our re	ecords, enter the nam	
	79.7 19.0 19.5	
	[7	. u
Enter Flor	ida street address	<del> </del>
City	, Florida	Zip Code
1	lity company he  ty Company," the de  146 NE (  Miami Fl	lity company here:  ty Company," the designation "LLC" or the abundance Miami FL, 33138  ddress on our records, enter the name of the street address for the str

## 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			🗆 🗖 Add
			□Remove
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		- <del></del>	
		<u></u>	□Remove
		<del></del>	□ Change
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			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

(If an el	tive date, if other than the date of filing:    3  2025 (optional)   Tective 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 605.0207 (optional)   If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 filed.
Dated	Jan 31, 2023,
	Signature of a member of authorized representative of a member
	Signature of a memori of authorized representative of a memori
	Typed or printed name of signee

E''' E 625.00