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COVER LETTER

TO: Registra: Division							
R&J SUBJECT:	Enterpris	es, LLC		·			
	·	Name of Li	imited Liability Company				
		•					
The enclosed Artic	cles of An	nendment and fee(s) are st	abmitted for filing.				
Please return all co	orrespond	ence concerning this matte	er to the following:				•
		Mirna Sakhaoui					
			Name of Person				
-		R&J Enterprises, LLC	Nume of Ceson				
		- Interprises, Inter	Firm/Company				
		5402 Stratemeyer Dr	r and Company				
			Address				
		Orlando, FL 32839	Address				
		——————————————————————————————————————	Cir. C. 12: 6				
		msakhaoui@yahoo.com	City/State and Zip Cod	1 e			
	•	E-mail address:	(to be used for future annu	al report notific	cation)		
For further information	ation conc	eeming this matter, please	call:				
Mirna Sakhaoui				444-7724		•	(D
)	Name of Pe	erson	at () _ Area Code	Daytime	Telephone Number		
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Enclosed is a check	k for the f	ollowing amount:				25	• •
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &	j
Mailing A Registra Division P.O. Bo Tallahas	ntion Sec of Con x 6327	porations	Regis Divis The C	Address: stration Section of Corp Centre of Ta N. Monroc	orations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

$\frac{133}{11}$	terprises	LLC.		
(<u>Name of the Limited Liah</u> (A Flori	illity Company as it now apida Limited Liability Compar	pears on our records.) ny)	<u> </u>	
The Articles of Organization for this Limited Liability	Company were filed on	7/16/2019	and ass	ioned
Florida document number L19000182143			and ass	.gircu
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company	<u>y here</u> :		
The new name must be distinguishable and contain the words "L	imited Liability Company," t	he designation "LLC" or the a	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			·	******
				<u></u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on ou	r records, enter the nar	me of the nev	v registered
			Š	•
Name of New Registered Agent:			_ =	
New Registered Office Address:			24	
	Enter	Florida street address		
	Cia	, Florida _		
New Registered Agent's Signature if changing Decision	City		Zip Code	

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
MGR	Amin S Jurdi	5402 Stratemeyer Dr	
		Orlando, FL 32839	_
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be ck does not meet the ar	prior to date of filing or	(option more than 90 days after ing requirements, this	Cition I D	.0207 (3)(ed as the
record specifies a delayed effective d is filed.	date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of: (b) The 90th day afte	r the
Dated July 8	2021	·			
	- FH	FUIT			
		authorized representati	,,		

Filing Fee: \$25.00