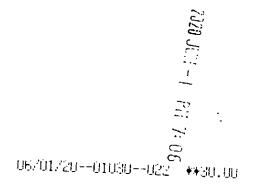
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(Red	questor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

Jumi 2 SUBJECT:	Journey LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Joseph C. Byrd		
		Name of Person	
	Jurni 2 Journey LLC		
		Firm/Company	
	1065 Leeway Court		
		Address	
	Orlando, Florida 32810		
	jurni2journey@gmail.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information	on concerning this matter, please ca	all:	
Joseph C. Byrd		407 394-2802 at ()	
Nar	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25,00 Filing Fe	e \$\Bigsize \$30.00 \text{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 Ad</u>	dress:	Street Address:	

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JURNI 2 JOURNEY LLC

2623 JUN - 1 PN 7:06

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000009945</u>	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	vv
	, FI	orida Zip Code
N. D. C. JA W. C. J. M. L. D. L. J. D. L. J.	•	·

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

AMBR = A	uthorized Member	2620 _{di}	
<u>Title</u>	<u>Name</u>	Address	7: (Type of Action
AMBR	Joseph C. Byrd	1065 Leeway Court Orlando, FL 32810	🗆 Add
,			□Remove
			= Change
			□Add
			□Remove
			Change
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		****	□ Change
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ffective date, if other than th an effective date is listed, the date m	st be specific and cannot be p	rior to date of filing	or more than 90 days after	filing.) Pursuant to 605.020
ote: If the date inserted in this b	lock does not meet the app	plicable statutory		
ocument's effective date on the l	repartment of State's reco	ras.		
record specifies a delayed effecti	ve date, but not an effective	e time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
is filed.				
M 204	2020			
May 28th	2020	·		
	, <u>~</u>	Λ		
	Signature of a member or a	used		