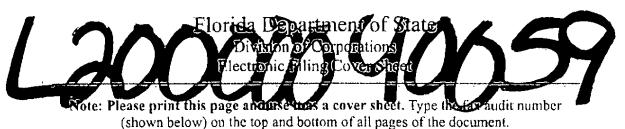
11/13/23, 11:38 AM

To:

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAJ STRATEGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX NOV 14 2023

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	nnany as it now appears on our records.) ed Liability Company)	
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on 02/11/2020	and assigned
Florida document number L20000040059		
Torica document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	)	
Principal office address most be A street Abbress		
		~?
Enter new mailing address, if applicable:	,	्राच्ये सम्ब
Mailing address MAY BE A POST OFFICE BOX)		- <del></del> -
		C
B. If amending the registered agent and/or registered offic	ce address on our records, enter th	ne name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		ព្
rante or trew regarded recin.		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
<del></del>	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.

To:

## 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,P	Silvia V. Castellanos	P.O. BOX 227482	<b>≅</b> Add
		MIAMI, FL 33172	□Remove
			□Change
MGR, CEO	JOHN A. JENKINS	P.O. BOX 227482	□Add
		MIAMI, FL 33172	□Remove
			<b>⊠</b> Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Chanve

Page: 5 of 5

From: Yanet Avila

Typed or printed name of signee