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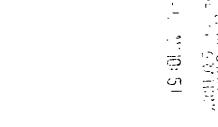
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TO: Registration Se Division of Cor			<i>i</i> .		, À	
ADD EIN T	TO BUSINESS		.	. 3		
SUBJECTS -	Name of Lim	ted Liability Company			_ ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ndence concerning this matter					
	JUNIOR M. ROMERO VE	ELASQUEZ				
		Name of Person				
	JUNIOR BUSINESS LLC					
		Firm/Company				
	2789 FLORIDA MANGO	ROAD APT 210				
		Address				
	WEST PALM BEACH, FI	. 3461				
		City/State and Zip Cod	ů.			
	E-mail address: (to be used for future annua	al report notifica	tion)	_	
For further information co	oncerning this matter, please ca	all:				-
JUNIOR M. ROMERO V	VELASQUEZ	561 2	93-6447			33
Name o	f Person	Area Code	Daytime T	elephone Nun	iber	
Enclosed is a check for th	ne following amount:					Ed (
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		Certit Certit	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed	. **
Mailing Addres			Address: tration Secti	on		
Registration S Division of C			ion of Corpo			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR. BUSINESS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 03/06/2020 and assigned 10
Florida document number 1.20000074194	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			□Remove
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ective date, i	f other than	the date of (7/2020			(optional)		
effective date i te: If the date	s listed, the date	must be specifi is block does (ic and cannot l not meet the	: applicable s	e of filing or r statutory filin	nore than 90 da ng requireme	ays after filing.] nts, this date) Pursuant to 605 will not be list	5.020° ced as
cord specifies s filed.	a delayed effe	ective date, bu	t not an effe	ective time, a	t 12:01 a.m.	on the earlie	erof:(b) Th	e 90th day afte	er the
ed 04/27/202	0 1		,	·					
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	WKer	<u></u>	-			e of a member			

Filing Fee: \$25.00