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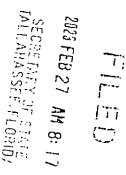
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Special Instructions to	Filing Officer:	





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A. RIVERS APR 2 6 2023

## **COVER LETTER**

ALLIE & J GROUP LLC SUBJECT:			
Subject.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jannina Mason		
		Name of Person	<del>.</del>
	ALLIE & J GROUP LLC		
	. , ,	Firm/Company	
	3831 NW 79th Way		
		Address	
	Davie Fl 33024		
		City/State and Zip Code	
	info@jmasonre.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please e	all:	
Jannina Mason		954- 998-8426	
Name o	f Person	at ()at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIE & J GROUP LLC

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

ty Company)	
filed on 03/19/2020	and assigned
ĝo	
<u>v here</u> :	
the designation "LLC" or the	abbreviation "L.L.C."
ess on our records, <u>enter the na</u>	me of the new registered
	202 1A1
Enter Florida street address , Florida	FEB 23 AM E
lity	co Zip Coda
act in this capacity. I further a ormance of my duties, and I am ded for in Chapter 605, F.S. O ess, I hereby confirm that the l	gree to comply with the familiar with and r, if this document is
	the designation "LLC" or the  the designation "LLC" or the  Enter Florida street address  Enter Florida street address  Florida  ity  act in this capacity. I further a ormance of my duties, and I and ded for in Chapter 605, F.S. O.

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
MGR	William V Mason	3831 NW 79th Way Davie FL 33024	🗒 Add
			□Remove
			□ Change
			□Remove
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Affective date, if other than the an effective date is listed, the date m	e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur	suant to 605 0707
<b>Note:</b> If the date inserted in this t	lock does not meet the applicable statutory filing requirements, this date will	not be listed as
locument's effective date on the I	repartment of State's records.	
d is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
Pebruary 22 Dated	2023	
	- 11/	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Jannina Mason		
vannia iriaotii		

Filing Fee: \$25.00