L20000171799

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ee)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

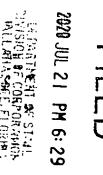
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COVER LETTER

TO:

	gistration Sec vision of Corp				
SHID HEÆT.	3	OJ Web Solutions LLC	•	s •	"
SUBJECT:	,1	Name of Limi	ted Liability Company	1	9
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		j	oel Jimenez		
			Name of Person		
		JOJ	Web Solutions LLC		
			Firm/Company		
		3100	W Rolling Hills Cir #51 Address	10	
		I	Davie, FL 33328		
		 :a	City/State and Zip Code		
		,	eljiminez1992@gmail.c		
For further	information c	oncerning this matter, please ca	all:		
jo	oel Jimenez		at (_323)	229-2364	
	Name o	f Person	Area Code	Daytime Telephone	: Number
Enclosed is	a check for th	ne following amount:			
\$ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) (60.00 Filing Fee, Certificate of Status & Tertified Copy additional copy is enclosed)
	ailing Addres		Street Add Registrat	<u>ress:</u> ion Section	
	•	orporations	-	of Corporations	5
	O. Box 632	•		re of Tallahasse	
Ta	ıllahassee, l	FL 32314	2415 N. 1	Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IOI Web Solutions 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				
Florida document number L20000171799 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida	(A Florida Limited I.	ny av it now appe liability Company	ars on our recorus.)	製造工
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida		were filed on _	6/19/2020	100 P
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida	This amendment is submitted to amend the following:			6: 29 STATE
Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florada street address Enter Florada street address Enter Florada street address Enter Florada Street address	A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	는 # # 1 - T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET ADDRESS)			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter new mailing address, if applicable:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		<u></u>
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code				
New Registered Office Address: Enter Florida street address Florida City Zip Code	**	address on our	records, enter the n	ame of the new registered
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:			
, Florida	New Registered Office Address:	P*		
City Zip Code		r,mer r i	oraa sireet aaaress	
·			, Florida	
Name Daniel annual America, Champanan, if alternation Daniel annual America		Ciţy		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	Joel Jiminez	_3100 W Rolling Hills Cir #510 Davie, FL 33328 Add	
MGR	Joel Jimenez	3100 W Rolling Hills Cir #510 Davie,	FL 33328 Add
			DRemove
			☐ Change
			CIAdd
			CRemove
			UAdd
			[]Remove
			[:]Change
			□Add
			□Remove
			C'Change
	 		EJAdd
			□Remove
			T1216

correct spelling of Joel Ji	menez	
		 -
ective date, if other than the date	of filing: (optional)	
	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to see not meet the applicable statutory filing requirements, this date will not be	
ument's effective date on the Departm		
	, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
s filed.		
ппи	2022	
ed JULY 9	2020	
	\sim 0.0	
Signat	ture of member of authorized representative of a member	_

Filing Fee: \$25.00