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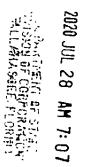
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: JASNINE JOSEPH LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| JASMINE JOSEPH Name of Person |
| Firm/Company |
| 1880 NW 60TH AVE SUITE 3 |
| SUNIZISE FL 33313 City/State and Zip Code |
| JASU4396 @ ADL · Com E-mail address: (to be lead for future annual report notification) |
| For further information concerning this matter, please call: |
| JASMINE JOSEPH at (964) 557-8036 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Street Address: Registration Section |

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

| JASMINE J | DSEPH LLC | 8 7 |
|--|--|--|
| (Name of the Limited Liab (A Flori | DSEPH LLC ility Company as it now appears on e da Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Florida document number <u>L 20000/885/</u> | Company were filed on <u>07</u> | 02 ZOZO and ssigned |
| This amendment is submitted to amend the following: | | 高製 01 |
| A. If amending name, enter the new name of the lir | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designa | ttion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u> | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here: | | ls, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida sti | rect address |
| | | Florida |
| | 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.

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 |
|--------------|----------------|---|----------------|
| AMBR | JASMINE JOSEPH | 1880 NW 60TH AVE STE 3 SUNTRISE FL 33313 | _ MAdd |
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| | | | DChange |
| MGR | JASMENE JOSEPH | | □Add |
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| effective date :: If the da | is listed, the dat e inserted in th | the date of fili e must be specific a his block does not he Department of | ind cannot be pri I meet the appl | icable statutory | or more than 90 da filing requirement | (optional) sys after filing.) Pur ats, this date will | suant to 605.0. not be listed |
| ord specific filed. | s a delayed eff | ective date, but n | ot an effective | time, at 12:01 a | .m. on the earlie | r of: (b) The 90 | .h day after t |
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