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### **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: 0710	ando Hom Name of Lim	e Finders Lited Liability Company	LC
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponder	ice concerning this matter	to the following:	
-	Jan Q	Name of Person	
-		Firm/Company	
-	5385 (ar	vava Court	
- -		City/State and Zip Code  Jr @ gwail. com to be used for future annual report notif	
For further information conce		_	iku.
Jan Qu Name of Per	iW4	at (407) 7613 Area Code Daytimo	Telephone Number
Enclosed is a check for the fo	Howing amount:		
□ \$25.00 Filing Fee ∠	7\$30.00 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)
		S	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

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

Orlando Hor	ne Finders LLC
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company were filed on $\frac{7/c6/2020}{47}$ and assigned
	* '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Jan Quiwa LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	÷ 5 27.
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	: 28
	7
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	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 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>	Name	Address	Type of Action
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			□ Remove
			□Change
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un effec <u>ote:</u> If	edate, if other than the date of filing:O\ / O\ / 2O ZZ (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
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	Docombox 30 201
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ated	2021
ated	December 30 . 2021.  Signature of a member or authorized representative of a member