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A. PARISHANI JUL 2 9 2023

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: AYY	WZing BCan Name of Lim	J-Jy Bur LLC ited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			2023
Please return all correspo	ndence concerning this matter	to the following:		<u>:</u>	Z
	SORAYE	BASTIEN			2023 JIN 8 PH 1: 3
	Amazing	Name of Person Person Person Firm/Company	lic	_	-: 3
	233051	E 23 ^r roud Address			
	Homestead So RAYA E-mail address: (City/State and Zip Code O 1 2 7 @ HOrmer to be used for future annual report notifi	il, Lom	_	
For further information co	oncerning this matter, please ca	all:			
Soraya	Bastien	ar (786) 650	-8688		
Name o	f Person	Area Code Daytime	Telephone Numb	er	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Statued Copy	

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

Amazing Beau	U+Y	BAR	LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as amited Liabil	it now appe iv Company	ars on our <u>j</u>)				
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000 195119</u>	mpany were	e filed on _	7/8/	202	<u>.</u>	_ and ass	signed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited to the limi	PRN	L.L.	C	"LLC" or	the abbrev	viation "L	LC.**
Enter new principal offices address, if applicable:						202	
(Principal office address MUST BE A STREET ADDRE	ESS)				 	- [
	_					_ \[\]	1 ,
						00	23.
Enter new mailing address, if applicable:					7		
(Mailing address MAY BE A POST OFFICE BOX)					<u>. :</u>		<u> </u>
				- 			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addr	ess on our	records	enter the	name o	f the ne	w register
Name of New Registered Agent:						<u>.</u>	
New Registered Office Address:		Enter F	lorida street	address			
				, Floric	da		
		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
(EO	SORAMA	Glenda Barthein	2330 SE 231 road	\\
			2330 SE 23 Mond Himostead, Fr. 33335	□Remove
				□Change
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ffective date, in an effective date is ote: If the date ocument's effect	inserted in this	s block does not	t meet the :	applicable s	e of filing or statutory fili	more than 90 ng requiren	(option days after the days after	ial) ling.) Purs late will i	uant to 605.02 not be listed	20 7 (as t
record specifies Lis filed.	a delayed effec	ctive date, but n	ot an effec	tive time, a	t 12:01 a.m	on the earl	ier of: (b)	The 90t	h day after tl	he
ated Maj	1 25		. 20	023.						
/		^ -								
/		Signature of								

Filing Fee: \$25.00