L20000241161

	(Requestor's Name)
	(Address)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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S. ROBERTS

JUN 2 7 2023

COVER LETTER

Division of Corpor			
SUBJECT:	Now J LL		
	Name of Limite	ed Liability Company	
The enclosed Articles of Am-	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Pelerson	Jean-Jacques Name of Person	
	PN	Joir J, LLC	
		Firm/Company	
	901 NW841n		
		Address	
	Miam	1, Fl 33150 City/State and Zip Code	
_	E-mail address: (to	NOIN S GMAIL COM b be used for future annual report notifica	tion)
For further information conc	erning this matter, please cal	II:	
Hey Miss Jean LL	.C.(Noderge Jean-Ja	(AVS) _{at (786)} 5359775) clephone Number
Name of Pe	rson	Area Code Daytime to	erephone (vanioe)
Enclosed is a check for the fo	ollowing 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)
<u>Mailing Address:</u> Registration Sec	tion	Street Address: Registration Section	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

P Noir J, L	.LC	
(<u>Name of the Limited Liabil</u> (A Floric	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number 1.30000341161	Company were filed on AUGU 	ISH 1013030 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	
	TURE, LLC	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	26231
		;
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	treet address
	<u> </u>	, 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
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E CC activ	a data if athorathy the data of filings
(If an effect Note: 1:	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	May a . 2023
	Signature of a member or authorized representative of a member
	Peterson Jean-Jacques Typed or printed name of signed