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•		COVER LETTER	
TO: Registration Division of C	i Section Corporations		
Jojobeat SUBJECT:	ixs, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jordan Minchew		
		Name of Person	
	Jojobeauxs, LLC		
		Firm/Company	
	269 Somerset Bridge Road	ı	
	 	Address	
	Santa Rosa Beach, FL 324	59	
	 	City/State and Zip Code	11.
	jordan.minchew@corcorang	group.com to be used for future annual report no	and the system
For further information	n concerning this matter, please co	·	unication)
	n concerning this matter, piease co		
Jordan Minchew		850 6995622 at () Area Code Dayti	
Nam	ie of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JOJOBEAUXS, LLC

2022 JUN -7 AM 10: 43

(Name of the Limited Liability Company as it now appears on obcrecords), AT OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number _______, 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 office address here: Jordan Minchew Name of New Registered Agent: New Registered Office Address: Enter Florida sirvet address

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.

City

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>	<u>Address</u>	Type of Action
MGR	TREY R MINCHEW	269 SOMERSET BRIDGE ROAD	
		SANTA ROSA BEACH, FL 32459	≣Remove
			□Change
MGR JORDAN R MINCHEW	269 SOMERSET BRIDGE ROAD	≣Add	
		SANTA ROSA BEACH, FL 32459	□Remove
		□Change	
			□Add
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or mor ote: If the date inserted in this block does not meet the applicable statutory filing		
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	n the earlier of: (b) The 9	Oth day after the
ated <u>0/01/2022</u>		
L Warhon		·····
Signature of a member or authorized representative o	La member	