# L20000289078

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DATE: 3/15/2021

NAME: MAKERS LAB LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



2021 HAR 15 AM 9: 44

MAKERS LAB LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER	15, 2020 and assigned
Florida document number L20000289078		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
JJL MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
<b>.</b>	<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	Exiler Florida street addi	1.277
	, ]	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Lip Code

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 ompany 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 2021 MAR 15 AM 9: 44 Type of Action AMBR = Authorized Member **Address Title** <u>Name</u> \_\_\_\_\_\_ □Remove \_\_\_\_ Change \_\_\_\_ Change \_\_\_\_\_ \_ \_ \_ \_ \_ \_ Add \_\_\_\_\_\_ Change

amending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) 2021 HAR 15 AM 9:44
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be considered to the date in the late of the date of the late of the	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State	's records.
record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
MARCH IS	221
ated MARCH 15 20	021
Falso S. Cluesade	ber or authorized representative of a member
Signature of a ment	oci oi audiorizza representative oi a member
Pablo S. Quesada, Legal Representative of	f a Member (duly authorized and appointed to sign this record)
	ed or printed name of signee

Filing Fee: \$25.00