

5/1/23 8:47 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.
Account Number : 120140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOILA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX
MAY 03 2023

DocuSign Envelope ID: CAB2A108-3610-4C55-9EDC-4310B13552EF

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JOILA 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 10/30/2020 and assigned
Florida document number 120000346141.

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 "L.L.C."

Enter new principal offices address, if applicable:

149 LONE PINE DR

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

149 LONE PINE DR

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL 33009

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:

Name of New Registered Agent:

ALEKSEI TIMASKIN

New Registered Office Address:

149 LONE PINE DR

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

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.

DocuSigned by:
ALEKSEI TIMASKIN

If Changing Registered Agent, Signature of New Registered Agent

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Identifying Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEKSEI TIMASKIN	149 LONE PINE DR	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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