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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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COVER LETTER

TO:

	tion Section of Corporation	ons			
		JSOLO ENTERTAIN	MENT ENTERPRISES LLC		
SUBJECT:	-	Name of Limi	ted Liability Company		
The enclosed Arti	cles of Amend	lment and fec(s) are subi	nitted for filing.		
Please return all c	orrespondence	concerning this matter t	to the following:		
	NA	THANIEL WEAVER			
		-	Name of Person		
	W	EAVER & ASSOCIATE	S. LLC		
			Firm/Company		2074 SE
	52	5 PLUMOSA AVENUE			2024 SEP 20 PW 2: 04 SEGRETARY SEE STATE TALLAPAY SEE STATE
			Address		- 132 20
	ΑI	TAMONTE SPRINGS.	FL 32701		Sign PR
	 NW	EAVER@PETRAWOR	City/State and Zip Code		2: 04 5: 141E
		-	to be used for future annual report not	ification)	-
For further inforr	nation concern	ing this matter, please ca	all:		
NATHANIEL W	'EAVER		855 481 - 9095	;	
	Name of Perso	1		ne Telephone Numb	per
Enclosed is a che	ck for the follo	owing amount:			
\$ \$25.00 Filing	g Fee 🗆	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fee, cate of Status & ed Copy nai copy is enclosed)
Regist Divisio P.O. B	Address: ration Section of Corpor ox 6327 assee, FL 32	rations	Street Address: Registration S Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ny as it now appears of Liability Company)		
The Articles of Organization for this Limited Li lorida document number	ability Company		12114/202	20 and assigned
his amendment is submitted to amend the follo	owing:			
If amending name, enter the new name of	the limited liab	ility company here	:	
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desi	gnation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	201 W. ATWATE	R AVENUE	
Principal office address MUST BE A STREET ADDRESS)		EUSTIS, FL 32726		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	201 W. ATWATE EUSTIS, FL 3272		2024 SEP 20 PH 2: SECRETARY SCHE
 If amending the registered agent and/or r gent and/or the new registered office addres 	egistered office : s here:	address on our rec	ords, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:	WEAVER & ASSOCIATES, LLC			
New Registered Office Address:	525 PLUMOSA			
-		Enter Floride	a street address	
	ALTAMONTE SPRINGS		, 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
MGR	WEAVER, NATHANIEL	525 PLUMOSA AVENUE	\ Add
		ALTAMONTE SPRINGS, FL 32701	
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ective da	ate, if other than the date o	f filing:		(optional)
effective (date is listed, the date must be spec date inserted in this block doe	rific and cannot be prior to	date of filing or more to le statutory filing rec	han 90 days after filing quirements, this dat	g.) Pursuant to 605.02 e-will not be listed :
ument's	effective date on the Departme	ent of State's records.		•	
,	to the decrease the	en e	. a. 12:01 a m. an ti	ou angling at the T	ha Ofth day after th
cora spec s filed.	rifies a delayed effective date, l	out not an effective time	e, at 12.01 a.m. on u	ic carner or. (b)	ne som day aner m
	CEDUCADED 14	2024			
ed	SEPTEMBER 16	, 2024	7		
	7/2	HIMO			
_	Signatu	re of a member or authori	zed representative of a	member	