10/20/23, 2:46 PM

PM

Plonida Department of State

(Division of Corporations)

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Corporate @ pbyalaw com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEMFLO, LLC

Certificate of Status	1
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T. LETTEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEMFLO, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000015720</u> .	were filed on 01/20/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	900 S Pine Island Rd			
(Principal office address MUST BE A STREET ADDRESS)	Suite 670			
	Plantation FL 33324			
Euter new mailing address, if applicable:	900 S Pine Island Rd			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 670			
	Plantation FL 33324			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registere		
Name of New Registered Agent:		.\ C:		
New Registered Office Address:				
	Enter Florida street address	ω 		
	, 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 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	JAMILA MIRZAYEVA	900 S Pine Island Rd	
		Suite 670	
		Plantation FL 33324	
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		-	Change
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			Remove
		<u> </u>	□Add
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an ellective di <u>ote:</u> If the c	e, if other than to it is listed, the date a sate inserted in this fective date on the	must be specific an block does not	id cannot be prior meet the applic	to date of filing	or more than 90 day filing requirement	(optional) s after filing.) Pursi s, this date will r	uant to 605.0207 not be listed as
record specifies filed.	es a delayed effec	tive date, but no	t an effective ti	me, at 12:01 a	.m. on the earlier	of: (b) The 90th	day after the
	ber 22		, 2023	)_/			
Septen			///				
Septen					tive of a member		