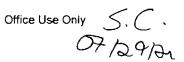
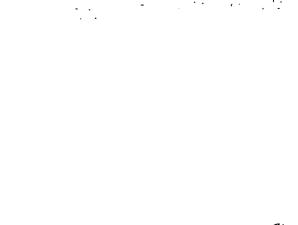
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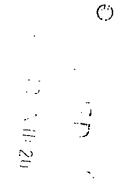
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100369529341





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Tmarmusik U	.c	
SUBJECT:	JMdrmUSIK U.	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Than	Name of Person	
	-	Name of Person	
	Jus	Firm/Company	
	34 K	len Rd,	
		Address	
	west (Part FL 33023. City/State and Zip Code	
	Thou. card	mss. I sembol Gro End	<i>(</i>)
For further information ed	oncerning this matter, please c	(to be used for future annual report notification)	•
thou cord	ons		, ,
Name of	Person	at (347) 975-6743 Area Code Daytime Telephone Number	15
Enclosed is a check for th	, =		***
☐ \$25.00 Fiting Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Section	
Division of Co	orporations	Division of Corporations The Centre of Tallahassee	
Tallahassee, F		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Justines the	L.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 86-1678137	vere filed on OIO8 2021 and assigned	i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	Thon cardons 34 Allen Fd, WEST PAUF, FL, 33023	
(Principal office address MUST BE A STREET ADDRESS)	34 Allen Fol, WEST PAUF, FC, 133023	
Enter new mailing address, if applicable:	,	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new reg	isterec
agent and/or the new registered office address here:	2	7
Name of New Registered Agent:	± 21	
		• .
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document	d

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to managé, 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
CEO OFFICES	Thon Cardons	34 Alber Folimest Park, FL 33023	Madd
OFFICE			Remove
			□Change
			DAdd
			□Remove
			Съипде
			□Add
			🗆 Remove
		· · · · · · · · · · · · · · · · · · ·	□Change ()
			□ Add
			Remove.
			☐Remove.
			□ ∧dd
			□Remove
			□Change
 			
			□Remove
			Change

	company Junovinusce LOC. I am corrently registered as "agent"	-
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E. Effecti	ive date, if other than the date of filing: Ollow 2021 (optional)	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	sted as the r^{-1} .
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aft led.	er the
Dated	06/22/2021	
	Signature of a member or authorized representative of a member	
	there Contras	

Filing Fee: \$25.00