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COVER LETTER

	ration Section on of Corporations	∻	
SUBJECT:	JOLE DYNASTY INVE	ESTMENTS LLC	
**************************************		Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are	submitted for filing.	
	correspondence concerning this ma	_	
	JAMEL MARS	HALL	
	<u> </u>	Name of Person	202
		Firm/Company	TILED 2023 APR -4 PH 3: 00 SECRETARY SEE. FL
	6615 NW 42ND	TERRACE	PA PA
	COCONUT CF	REEK, FL 33073	3: 00 STATE E. FL
		City/State and Zip Code LLC@GMAIL.COM	
For further infor	E-mail addre	ss: (to be used for future annual report not	(fication)
	HAMBURG	at (954) 536-38	38
	Name of Person		ne Telephone Number
Enclosed is a che	ck for the following amount:		
 \$25.00 Filing	g Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JOLE DYNASTY INVESTMENTS, 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 Com	pany were filed on FEBRUARY 05, 2021 and assigned
Florida document number <u>L21000063357</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
JOLE DYNASTY, LLC	
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:	
(Principal office address MUST BE A STREET ADDRES	S) 77.023
	PR II
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ب ب
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
- Idakii.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability
Īf	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
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			Remove
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cord specifi s filed,	ies a delayed e	ffective date.	but not a	n effective	time, at 12	:01 a.m. on	the earlie	r of: (b) T	he 90th	day after the
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