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COVER LETTER

	gistration Section vision of Corporations	
· CUDIFCT.	JR ATM LLC	
SUBJECT:	Name of Limited Liability Company	
.i		
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	•
Please return	n all correspondence concerning this matter to the following:	
	Julio Tineo	
	Name of Person	
,	JR ATM LLC	
	Firm/Company	·
	15501 sw 150th st	
	Address	
•	Miami, F1.33196	
	City/State and Zip Code	
,	jtmerchantsolutions@gmail.com	
∔	E-mail address: (to be used for future annual report notifica	ttion) ·
For further in	nformation concerning this matter, please call:	٠
Julio Tineo	305 5283473 at ()	
	Name of Person Area Code Daytime T	elephone Number
		2024
Enclosed is a	a check for the following amount:	E8 2.
≡ \$25.00 F	Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & O Certified Copy, (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR ALM LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.21000069487		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
TT7x7 LLC The new name must be distinguishable and contain the words "Lim	2. 11.2.170. (2) 2. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	11 22 91 72
the new name must be distinguishable and contain the words. "Lim	med Liability Company, the designation LDC or the	appreviation 1
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		2
New Registered Office Address:	Enter Florida street address	
	rmer riorida street adaress , Florida	
	City	Zīp Gode

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
•			□Add
:			□Remove
			Change
			□Add
		 	□Remove
			□Change
			□Add
•			□Remove
:	<u>.</u>		□ Ghange □ Add

			□Remove
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i		<u> </u>	□Remove
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DC	- 4hl .4a a 6	eu.			(opti	anal)	11.
Tective date, if other that an effective date is listed, the date: If the date inserted in the date inserted in the date on a series of the date on the date.	this block does	not meet the ap	pplicable stat	filing or more utory filing re	han 90 days afte	r filing.) Pursuar	it to 605,0207 (3) be listed as the
record specifies a delayed el is tiled.	Tective date, bu	it not an effecti	ive time, at 12	2:01 a.m. on t	he earlier of: ({) The 90th d	ay after the
Feburaray 19		2024					
:itcu				_			*