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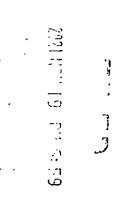
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	





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U. BRUCE DEC () () MM

COVER LETTER

Division of Corporations	
SUBJECT: JUMMY SWEL	Flams by J42.
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Jazh	Name of Person
	Firm/Company
2044	Landover Blud.
Spr	
	City/State and Zip Code
E-ma	City/State and Zip Code Ummy 8 weet dream @ quail com it address: (to be used for future annual report potification)
For further information concerning this matte	r, please call:
Jozlyn Alicea	at (352) 515-4364 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	· · · · · · · · · · · · · · · · · · ·
\$25.00 Filing Fee \$30.00 Filing Certificate o	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
DIVISION OF CORPORATIONS	The Control of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability ((A Florida Lii	Company as it now appears on our remitted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
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	<u></u>	22
		}
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		33
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u> r	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 adde or removed from our records:

or removed fi	rom our records:		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jazlyn Alicea	2044 Landoner Blud.	□Add
		Spring Hill FL 34608	□Remove
			Change
AUBR	Jarozlyn O. Horales	2044 Landoner Blod Spring Hill IL 34608	□Add
		Spring Hill SL 34608	□Remove
			Change
			□Add
			Change }
			Add 7
			□Remove
			□Change
			□Add
			Remove
		,	□Change

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Ι.,	1.1 1
2) 7)	Sective date, if other than the date of filing: 11/0/21 (optional) In effective 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 605.0