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COVER LETTER

TO:	Registration Sec Division of Corp			
		, or actions	>	
SUBJE	ECT: LJD HOME	LIFE INVESTMENTS LLC Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fec(s) are subr	nitted for tiling.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		LEO JEAN-BAPTISTE	Name of Person	
			Firm/Company	
		9807 SIR FREDERICK ST		
		TAMPA, FL 33637	City/State and Zip Code	
		<u>Ixrealtytampa@gmail.com</u> E-mail address: (t	o be used for future annual report not	itication)
For fur	ther information ed	oncerning this matter, please ca	ill:	
Antho	ny J. Messina, Esq		727 605-3671 at () Area Code Daytin	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration 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

LJD HOME LIFE 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 Company were filed on March 12, 2021 and assigned Florida document number L21000119090 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JEREMY D ROSS	9807 SIR FREDERICK STREET	□Add
		TAMPA, FL 33637	≡ Remove
			DChange
MGR	DIANA PENA	9807 SIR FREDERICK STREET	
		TAMPA, FL 33637	■Remove
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Filing Fee: \$25.00