## h21000139645

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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STATE ANALYSIS FI

## **COVER LETTER**

TO: Registration Se Division of Cor		. ;	
SUBJECT:	SPLU	JSM LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #1320	
		Address	
		Houston, TX 77046	
	-	City/State and Zip Code	
	s	mahdaviann@gmail.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	atl:	
Sonia B	ecerra	at ( 877 ) 777-0	450
Name o	d Person	at ( 877 ) 777-0 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
<b>№</b> \$25.00 Filing Fee	□ \$30.00 Filing 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 Addres		Street Address:	etion
Registration: Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of 1	allahassee
Tallahassee	FL 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN-1 PM 3: 23

SECRETARY OF STATE TALLAHASSEE, FL

SPLUSM 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 on03/25/2021  Florida document numberL21000139645	and assigned
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 abbrevi	iation "L.L.C."
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)	<del></del>
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	Lip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited	liar with and his document is

X 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

<u>Title</u>	Name	Address	Type of Action
MGR	FAHIMEH ZAHEDI MAHDAVIAN	4253 Reyes Dr	<b>Slx</b> dd
		Tarzana , CA 91356	
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f an effective date is listed Note: If the date inser	er than the date of fill d, the date must be specificated in this block does no ate on the Department o	and cannot be prior to at meet the applical	date of filing or mor	(option e than 90 days after fit requirements, this d	ing.) Pursuant to 605.	0207 () xd as ti
ocument s effective d		not an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
record specifies a dela	nyed effective date, but I					
record specifies a dela d is filed.		, 2022	-·			
record specifies a dela d is filed.	-/2022 Annie	, 2022				

Filing Fee: \$25.00