L21 000 156 984

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
、		
(6)	10 N TI 101	
(Cr	ty/State/Zip/Phone	≘ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
•	•	,
(De	accompant November	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
operations to	Tilling Ciricci.	

Office Use Only



100395477641

16/11/22--01613--6:1 +#25.00

2022 OCT 11 PH 1:51

COVER LETTER

TO: Registration S Division of Co				
EJ & JS 2				
SUBJECT:	Name of Limit	ed Liability Company		
	f Amendment and fee(s) are submondence concerning this matter t			
T lease retain an eartest	JUDY SEXTON	-		
		Name of Person		
	EJ & JS 2 LLC			
		Firm/Company	7	_
	4856 SHELL STREAM BL	,VD		2022 SEC
		Address		BCT RET
	NEW PORT RICHEY, FL	34652		TIL PH
	jjudy746@gmail.com	City/State and Zip Code		2022 OCT 11 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FL
		o be used for future annual report notific	ation)	三三三
For further information	concerning this matter, please ea	dl:		•••
JENNIFER SEXTON		727 645-8041 at ()		<u>-</u>
Nanio	e of Person	Area Code Daytime	Telephone Numbe	r
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite	\$10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJ & JS Z ELC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		770
		LER 95 11
		三型 二 門
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		mon _ i
		ार्थ ज
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		0 - 1.07 - 1 - 1
	Enter Florida street address	
_ 	, 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 arrending 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
AMBR	RALPH H JUDY	4856 SHELL STREAM BLVD	
		NEW PORT RICHEY, FL 34652	≣Remove
			□Change
			□Add
			□Remove
			Change
		<u> </u>	2022BOT 1 SECRETA
			Change III
			ITI ElRemove
			□Change
			□Add
			□Remove
			ElChange
			□Add
			□Remove
			C)Change

							
	······································			· · · · · · · · · · · · · · · · · · ·			
					<u> </u>		
				······································	···········		
							
	····		· •				
							-
				···			
					· · · · · · · · · · · · · · · · · · ·	 ·	
			· · · · · · · · · · · · · · · · · · ·				
						ÇĎ.	20
	· · · · · · · · · · · · · · · · · · ·		· · · - ·		· · · · · ·	FALL	2012 OC
	 -	· _ .					 -
						NHARY	
	- 16-1- ₁₉₋₁		···	······································		<u>%</u>	PM 1:5
						E E	
ctive date, if other t	han the date o	f filing:		· · · · · · · · · · · · · · · · · · ·	(option	al) PR	
effective date is listed, the	e date must he spec in this block doe	sific and cannot be p is not meet the ap	rior to date of t plicable statut	iling or more than tory filing requi	90 days after fili rements, this d	ing.) Pursuan ate will not	it to 605.02 be listed
iment's effective date							
		.	,				
ord specifies a delayor filed.	d effective date, t	out not an effective	c time, at 12:	01 a.m. on the	earlier of: (b)	The 90th d	ay after tl
-							
october 3			 -	1			
0	/	١	8/-				
	Signatu	nof a member of i	authorized repri	sentative of a me	mber		
(4	,				

Filing Fee: \$25.00