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## **COVER LETTER**

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Registration Section

TO:

Division of Cor	porations		
SUBJECT:	Squared Name of Lin	Venture ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	-		
	Jos	e. M. Vega	<u>5</u>
	<u>J_Squ</u>	ared Ventu	re LLC SECRET PH 2: 05  gmail. com  jumon
	522 Tu	irkey CRK	JAN 14 PH
		-400 ess	min III
	Alachu	1a, F1. 321	(e15 2:0)
	Taca	Ves a Alland	A Mail Cold
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
José!	U. Vega	at ( <u>352) 2.7 8</u> Area Code Daytime	8-3085
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$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 radditional copy is enclosed)
<u>Mailing Addres</u> Registration S	<del></del> -	Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810
		=	· · · · · · · · · · · · · · · · · · ·

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

J Squared	Venture	LLC
( <u>Name of the Zimited Liability Compa</u> (A Florida Limited I	ny as it now appears on our aability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100019058</u> 1	were filed on 4	23 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and completely words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ha	22 1
		- Person
Enter new mailing address, if applicable:	nla	
(Mailing address MAY BE A POST OFFICE BOX)		THE CO
		िं जे
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent: La		
New Registered Office Address:		
	Enter Florida street	address
		Florida
New Registered Agent's Signature, if changing Registered Agent-	City	Zip Code

3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
4MBR	José M. Vega	11108 Palmetto Blue Alachua, Fl. 32615	<b>∮</b> X₁d₫
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