L21000198288



(Re	equestor's Name)	
(Ac	ldress)	<u></u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	JRN	LAYD, LLC	
	Name of Lin	nited Lizoility Company	
The enclosed Articles of Arm	endment and fee(s) are sub	omitted for filing,	
Please return all corresponde	ence concerning this matter	to the following:	
	Jacqu	Name of Person	
	JR	MAYOLLC Firm/Company	·
	A	Firm/Company	
	9436	Nw 45th Place	· · · · · · · · · · · · · · · · · · ·
	_	Address	
	Sunri	se FL. 33351	
	in L	City/State and Zip Code	
-	E-mail address:	SP FL. 33351 City/State and Zip Code 1Une 2 & yalloo to be used for future anoual report notifi	cation)
For further information conc	-		
Jacque Ine Name of Pe	Munez	at (954) 59.2 - Taytime	7709 Telephone Number
Enclosed is a check for the fo			
□ \$25.00 Filing Fee (□ \$30.00 Fifing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	tion	Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

J R M	Ayo, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 4 28 2021 and assigned Florida document number 42000198288					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabit	ility Company," the designation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:		22			
(Principal office address MUST BE A STREET ADDRESS)	** *				
		13			
	3. 3.	က်			
Enter new mailing address, if applicable:	- 	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u>兵</u>			
	<u> </u>	<u> </u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered			
New Registered Office Address:					
1.44 (19519-0140 Annual Salar	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is			

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Manager	Kimberley Nuwez	9436 NW 45th Place Sunrise, Fl. 33351	25(Add
		Sunrise, Fl. 33351	□ Remove
		- <u> </u>	Change
MANAGER	Sarah Gooden	8360 NW 37th Place	Æ Add
		8360 NW 37th Place Sunrise Fl. 33351	□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			🗆 Add
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i an effective date is to Note: If the date in	other than the date of filing:	5.0207 ed as
record specifies a d d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after .	r the
Dated	September 26, 2024.	
	Larence Duis Signature of a member or authorized representative of a member	
	JACQUEITNE NIWEZ Typed or printed name of signee	

Filing Fee: \$25.00