L21000238356

(Re	equestor's Name))
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	-	

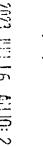




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COVER LETTER

TO: Registration S Division of Co			
Л СОМРА	ANY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JESSICA LINS		
		Name of Person	
	JI COMPANY LLC		
		Firm/Company	
	6443 AXEITOS TERRAC	CE UNIT 103	
		Address	_
	ORLANDO,FL 32835		
		City/State and Zip Code	76
	JLINS@HOTMAILCOM		
	E-mail address: ((to be used for future annual report notification)	F = =
For further information	concerning this matter, please c	all:	6
JESSICA LINS		407 6695969 at ()	2023 JUN 16 AN 10: 25
Name	of Person	Area Code Daytime Telephone Number	: 25
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 63 Tallahassee		The Centre of Tallahassee	010
Lanahassee	CT 1/1/4	7415 N. MORROE STREEL SHILE	ATU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JI COMPANY LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited I lorida document number 1.21000238356		21/2021	_ and assigned
nis amendment is submitted to amend the fol			
. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli			_23
rincipal office address MUST BE A STRE.	ET ADDRESS)		23
			6
nter new mailing address, if applicable:		A1110	
<u> Iailing address MAY BE A POST OFFICE</u>			: 25
. If amending the registered agent and/or gent and/or the new registered office addre	•,-	ecords, <u>enter the name o</u>	f the new regist
Name of New Registered Agent:	JESSICA LINS		
Now Registered Office Address:	6443 AXEITOS TERRACE UNIT	f 103	

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.

City

ORLANDO

If Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		-	23 del
			2023 Add STATE
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□ Change

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