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2021 AUG 16 AM II: 3 D: 07 FALLAHASSEE, FLORG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: EJP	Diversities	Limited Liebitis	ty Company
	Nume of Limit	ted Liability Company	
		1. 1.6. 71°	
	Amendment and fee(s) are subr		
Please return all correspon	ndence concerning this matter t	o the following:	
	Eric Rey.	PS Name of Person	
	EJR Diver	Sities Limited 1	-iability Compony
	8637 West	Hildsborough A	ve Suite 257
		. 33615 City/State and Zip Code	
	eirdiversitie E-mail address:	to be used for future annual report notific	sation)
For further information co	oncerning this matter, please ea	ill:	
Eric Reye	S Person	at (314 - 214 - Daytime	Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
Mailing Addres Registration (Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee.		The Centre of To 2415 N. Monroe	affahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJR Diversities. Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we	ere filed on 7 14	2021 and assigned
Florida document number <u>L 21000 32 09.10</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	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)		
	2,,	,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the liew registered
Name of New Registered Agent:	, —	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street o	ddress
		, FloridaZip Code
and the state of the state Designation of Agents	City	zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pa- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutte rovided for in Chapter :	es, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	Eric Reges	6 Stone Querry Trail	\ Z Add
•		Ormand Beach FL 321	74 Remove
			Change
<u>m</u> GR	Angele Borda	6 Stone Quany Trail	X Add
		Ormand Beach FC. 3217	- □Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
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ee	in data if other than the data of filips:
iote:	(optional) lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Lis ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	8/16/2021
	Signature of a member or authorized representative of a member
	Esic Reyes Typed or printed name of signee

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