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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

**Registration Section** 

| Division of Cor                | porations                                    |  |  |
|--------------------------------|--|--|--|
| SUBJECT:                       | JUGASasu                                     |  |  |
|                                | Name of Limi                                 | ted Liability Company  |  |
| The enclosed Articles of       | Amendment and fee(s) are subt                | nitted for filing  |  |
|                                |  |  |  |
| Please return all correspo     | ndence concerning this matter                | to the following:  |  |
|                                | Julia  | o Velasquez  |  |
|                                |  | Name of Person   |  |
|                                | Jugas  | asu LLC. Firm/Company  |  |
|                                |  | Firm/Company   |  |
|                                | 910 Coral ri                                 | dgedr#104  |  |
|                                |  | Address  |  |
|                                | Coral Springe                                | City/State and Zip Code  b @ Eutlook.com  to be used for future annual report note |  |
|                                | ilalia                                       | City/State and Zip Code  |  |
|                                | E-mail address: (1                           | to be used for future annual report not  | ification)   |
| For further information co     | oncerning this matter, please ca             |  |  |
| Julio Velas                    | 9062.  | (305), 457   | 5790   |
| Name of                        | f Person                                     | Area Code Daytim   | ne Telephone Number  |
|                                |  |  |  |
| Enclosed is a check for th     | ne following amount:                         |  |  |
| S \$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 S  |  | <u>Street Address:</u><br>Registration Se  | ection   |
| Division of C                  | orporations                                  | Division of Co   | rporations   |
| P.O. Box 632<br>Tallahassee, l |  | The Centre of 2415 N. Monro  | Fallahassee<br>be Street, Suite 810  |
|                                |  |  | ,  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JUGASASU LLC.   |  |
|---|--|
| (Name of the Limited Liability Company as it now appear<br>(A Florida Limited Liability Company)                                  | rs on our records.)                                |
| The Articles of Organization for this Limited Liability Company were filed on   | 08/20/21 and assigned                              |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability company he   | ere:   |
| The new name must be distinguishable and contain the words "Limited Liability Company," the d                                     | lesignation "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | ,  |
|   | ·  |
| Enter new mailing address, if applicable:   | -  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   | <u> </u>   |
|   | $\omega$   |
| B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here: | ecords, <u>enter the name of the new registere</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  Enter Flori   | rida 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 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         | Julio Velasquez  |             | □Add           |
| Please (     | change           |             | □Remove        |
|              |                  |             | Denange        |
| AMBR         | Susanne Rouillon |             | □Add           |
| title        |                  | ·           | □Remove        |
|              |                  |             | \sqrt{Change}  |
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| ffective date, if other tha  | n the date of fil    | ling:  | - d-t661:   | (options             | il)                       |
| an effective date is listed, the date inserted in the date in t | this block does no   | and cannot be prior to<br>t meet the applica | o date of filing or more<br>ble statutory filing re | equirements, this da | ite will not be listed as |
| ocument's effective date on  | the Department of    | of State's records.                          |   |                      |                           |
|  |                      |  |   |                      |                           |
| record specifies a delayed et<br>l is filed.   | ffective date, but i | not an effective tir                         | ne, at 12:01 a.m. on                                | the earlier of: (b)  | The 90th day after the    |
| is thed.   |                      |  |   |                      |                           |
|  | 25th                 | 2021   |   |                      |                           |
| ated Avalist   |                      | _,   | <del>-</del> ·                                      |                      |                           |
| ated August  |                      |  |   |                      |                           |
| Patcd August   |                      | - T  |   |                      |                           |
| Dated August   |                      | - T  | ized representative of                              | a member             |                           |