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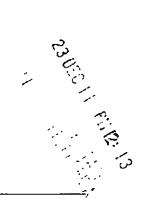


COVER LETTER

Division of Corpo		•	
SUBJECT:	JPAJL TREKZO	112 LLC	8888
SUBJECT:	NPAUL TREKZO Name of Lim L2 10	ited Liability Company	
	L210	00417998	FREEDON FREEDON
			FREEDON
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	DEC 05,2023
	JON-PA	UL Name of Person	100 0 0 1 6 to
		Name of Person	
	JONPAULTE	ZEKZO12 LLC Firm/Company	
	7428 HARLO	W 5T	
		Address	
	BROOKSVILL	E FL 34613 City/State and Zip Code	<u></u>
	JOHPAULØ	151 & GMAIL, CO	2M
	E-mail address: (to be used for future annual report not	ification)
For further information con	cerning this matter, please ca	all:	
JON-PAUL L	JSSIER	at (941) 928	-8128
Name of F	erson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
S≥25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
(FDOS)	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
✓Mailing Address:		Street Address:	
Registration Se	ction	Registration Se	ection
Division of Con		Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, FI	32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JONPAULTREK 2012	LLC	
(Name of the Limited Liability		
(A Clorida I	mitael Lightlity Compa	nut.

The Articles of Organization for this Limited Liability Company	were filed on SEPT. 22 2021 and assigned
Florida document number <u>L21000417998</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
NO AMEHOMENT TO HAME The new name must be distinguishable and contain the words "Limited Liabil	$\overline{\hspace{1cm}}$
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NOT APPLICABLE
(Principal office address MUST BE A STREET ADDRESS)	NOT APPLICABLE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOTAPPLICABLE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: NOT A	MENDING
New Registered Office Address:	Enter Florida street address
	Times Fibrial Street ladities
	City , Florida Zip Code
	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.

HO 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>	Name	Address	Type of Action
MGR	SUSANHE M. THORNE	12 HALL AVE	/Z Add
		BRANTREE MA, 02184	□Remove
		UNITED STATES	Change
AMBR	SUSANNE M. THORNE	12 HALL AVE	5 4Add
	·	BRAINTREE MA, 02184	□Remove
		LAITED STATES	🗆 Change
EHD	END	EHD	□Add
)			□Remove
			□ Change
			□Remove
			□Change
\perp			□Add
			□Remove
			□Change
			🗆 Add
7	\downarrow		□Remove
		\downarrow	☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
10	ARTICLE VI MANAGEMENT ADD MEMBER AND AUTHORIZED MEMBER: SUSANHE M. THORNE, 12
	HALL AVÉ, BRAINTREE MA 02184.
2.	CERTIFICATE NO. 1: TEN (10) SHARES AND/OR
	UNITS WERE SOLD AND ASSIGNED TO SUSAHHE M.
	THORNE, 12 HALL AVE, BRAINTREE MA 02184.
3,	CERTIFICATE NO. 2: WAS ISSUED TO SUSANNE M THORNE
	MEMBER AND AUTHORIZED MEMBER, FOR 10 UNITS.
4	CERTIFICATE NO. 3: WAS ISSUED TO JOH-PAUL
	LUSSIER MIHETY (90) UNITS, SHOWING CERTIFICATE #1 SPLIT 100 VOTING SHARES TO: 10 ON CERTIFICATE #2, AND 90 VOTING SHARES ON CERTIFICATE #3
5	MEMBER SHIP LEDGER: LIME # I CHANGED FROM 100
	MAITS TO GOUNITS, LINE #2 APRED 10 VOTING UNES FOR MEMBER SUSANALE M. THORNE, LINE #3 REFERENCED TO LINE #1,
(If an i <u>Note</u>	ctive date, if other than the date of filing: (optional) (optional) (feetive 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 (3) (i) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the rec record is	ord 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 filed.
Date	Jon Roll John Menter man
	JOH-PAUL LUSSIER, MEMBER, MANAGER Typed or printed name of signee

Filing Fee: \$25.00