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T. MATTHEWS NOV 2 9 2021

· COVER LETTER

TO:	Registration Sec Division of Corp								
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SUBJE	CT: <u>JULICA</u>	S Garage LL	ited Liability Company						
		•							
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
			_						
		<u>Juli</u>	ia Stallone Name of Person						
	Name of Person								
		Julia	S Garage UL						
			Firm/Company						
			· -	. h)					
			Sweetwater Land						
	Boca Rator/FL 33428 City/State and Zip Code								
	E-mail address! (to be used for future annual report notification)								
For furt	her information co	oncerning this matter, please ca	aii;						
	Julia Sto	11/0176	at (561) 654-31	51					
	Name of	Person	Area Code Daytime	Telephone Number					
Enclose	ed is a check for th	e following amount:							
S 525	5.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,					
		Certificate of Status	Certified Copy	Certificate of Status & Certified Copy					
			(additional copy is enclosed)	(additional copy is enclosed)					
	Mailing Address		Street Address:	ion					
Registration Section Division of Corporations			Registration Section Division of Corporations						
P.O. Box 6327				The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Julia's Gar	
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2186439047</u> .	were filed on $10/7/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11419 W. Palmetto Pk. Rd. ##970591 Boxa Raton, FL 33497
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11419 W. Palmetto Pk. Rd. #970591 Boca Raton, FL 33497
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 = 1 AMBR = 1	Authorized Member		00	
<u>Title</u>	<u>Name</u>	Address	21 KET 12 F/1 3: 23	Type of Action
				□Add
				□Remove
				□Change
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