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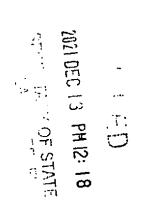
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A. RIVERS
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COVER LETTER

	Registrat Division o					
eun tr <i>e</i>		ENTER	PRISES LLC			
SUBJEC	.l:		Name of Lim	ited Liability Company		
The encle	osed Artic	les of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all co	rrespon	dence concerning this matter	to the following:		
			JOSE RAFAEL ORTIZ II			
				Name of Person		
			JRO ENTERPRISES LL	c	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ess: on Section	
				Firm/Company		
			814 W 113TH AVE			
				Address		
			TAMPA,FL 33612			
				City/State and Zip Code		
			JROII95@YAHOO.COM			
For furth	er informa	ition cor	neerning this matter, please of		eport notification)	
	AFAEL OI		- ,	813 610	-1898	
	N	lame of I	Person	at () Area Code	Daytime Telephone Number	
Enclosed	is a check	t for the	following amount:			
≡ \$2 5.6	00 Filing f	² ee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate osed) Certified G	e of Status & Copy
	Mailing A Registra		ection	<u>Street Ad</u> Registra	dress: tion Section	
	Division	of Co	rporations	Division	of Corporations	
	P.O. Box Tallahas		. 32314		tre of Tallahassee Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRO ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11/01/2021 and assigned
Florida document number L21000471769
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familion with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. On if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited Hability company has been notified in writing of this 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOESHUA RAFAEL ORTIZ	814 W 113TH AVE	
		TAMPA, FL 33612	=Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
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ffective date, if other th an effective date is listed, the Note: If the date inserted in locument's effective date o	date must be specific and ca this block does not mee	unnot be prior to da et the applicable	ate of filing or more the statutory filing requ	(optional) in 90 days after filing.) Phirements, this date wi	ursuant to 605.0207 (If not be listed as t
record specifies a delayed is filed.	effective date, but not ar	n effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
pated NOVEMBER 23	·	2021			
_	- Ampr				
V	Signature of a me	mber or authorize	d representative of a n	eniber	

Filing Fee: \$25.00