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(Re	equestor's Name)	
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor							
SUBJEC		PURPOSE CONSULTANT SE	ERVICES, LLC					
SUBJEC		Name of Lim	ited Liability Company					
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please re	cturn all correspo	ndence concerning this matter	to the following:					
		LASHONIA JOYNER						
			Name of Person					
		LJ MULTIPURPOSE CO	NSULTANT SERVICES, LLC					
		LJ MULTIPURPOSE CONSULTANT SERVICES, LLC Firm/Company 1600 NW 154TH STREET Address MIAMI GARDENS, FL 33054 City/State and Zip Code						
		1600 NW 154TH STREET	•					
			Address					
		MIAMI GARDENS, FL 33054						
		City/State and Zip Code						
		LASHONIA_JOYNER@YAHOO.COM						
		E-mail address: (to be used for future annual report no	otification)				
For furth	ner information co	oncerning this matter, please c	all:					
LASHO	NIA JOYNER		786 287-3523					
	Name o	Person Person	Area Code Dayti	me Telephone Number				
Enclosed	d is a check for th	ne following amount:						
■ \$ 25.	.00 Filing Fee	S30.00 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 Address		Street Address:	···········				
	Registration S Division of C		Registration S Division of Co					
	P.O. Box 632		The Centre of					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

FILED

LJ MULTIPURPOSE CONSULTANT SERVICES, LLC

2022 FEB 14 PM 12: 33

	City	Zip Code
		. Florida
New Registered Office Address:	Enter Florida stre	et address
Name of New Registered Agent:		
If amending the registered agent and/or registered office ent and/or the new registered office address here:	ce address on our records	, <u>enter the name of the new registe</u>
failing address MAY BE A POST OFFICE BOX)		
nter new mailing address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
iter new principal offices address, if applicable:		***
te new name must be distinguishable and contain the words "Limited Li	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
. If amending name, enter the new name of the limited li	ability company here:	
his amendment is submitted to amend the following:		
orida document number 1.22000012716		
ne Articles of Organization for this Limited Liability Compa	any were filed on $\frac{01-05-22}{}$	and assigned
,	ed Liability Company)	TALLAHASSEE, FL

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>	<u>Address</u>	Type of Action
AMBR	LASHONIA JOYNER	1600 NW 154TH ST, MIAMI GARDENS, FL 33054	—
			_ □Remove
			= Change
			_ 🗆 Add
			□Remove
			□Change
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ffective date, if other than tl	e date of f	filing:				(option	nati	
an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	ust be specifi block does r	c and cannot be not meet the a	e prior to da applicable	ste of filing or statutory fil	more than 90 ing require	days after fi	iling.) Pursua	nt to 605.0207 t be listed as
record specifies a delayed effect l is filed.	ive date, but	t not an effect	tive time,	at 12:01 a.n	i, on the ear	fier of: (b)	The 90th o	day after the
ated FEBRUARY 8TH		2022						
Jashonia .	John	of a member of	r authorize	d roprecentati	ve of a mum	huser		
()	/ ignatore	or a member of	· uutika is c	u representati	-c or a mem	OCI		

A Committee of the Comm

Filing Fee: \$25.00