L220000 48485

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Elp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Gertified dopies
Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 NOV 16 AM 11: 11

October 31, 2022

ANDRE MAURICE ALERTE 10807 SW 228 TERRACE MIAMI, FL 33170

SUBJECT: JUPITER FUNDING LLC

Ref. Number: L22000048485

We have received your document for JUPITER FUNDING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 522A00024412

22 NOV 16 PHI2: 52

COVER LETTER

Division of Cor	porations		
	UNDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRE MAURICE ALEI	RTE	
		Name of Person	
	JUPITER FUNDING LLC		
		Firm/Company	
	10807 SW 228 TERRACE		
		Address	~~~
	MIAMI, FLORIDA 33170		22 NOV 16
		City/State and Zip Code	
	JUPITERFUNDINGLLC@		
	E-mail address: (to be used for future annual report notif	Tication)
For further information of	concerning this matter, please co	all:	PH 12: 52
ANDRE MAURICE ALERTE		786 3445562 at ()	10
Name o	f Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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)
		Saura Address	

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company ((A Florida Limited Liab	as it now appears on our recor ility Company)	' <u>ds.</u>)
The Articles of Organization for this Limited L Florida document number W22000008399	iability Company we	re filed on JANUARY 27, 2	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L1.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		
(Principal office address MUST BE A STRE	ET ADDRESS)		2 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		10K of cost-ocate.x 10V 16 FM 12: 52
B. If amending the registered agent and/or agent and/or the new registered office addre		lress on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	ANDRE MAURIC	E ALERTE	
New Registered Office Address:	10807 SW 228 TE	RRACE	
The registered office radiose.		Enter Florida street addr	ess
	MIAMI	, ji	Florida 33170
		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 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>	<u>Name</u>	Address	Type of Action
MGRM	ANDRE MAURICE ALERTE	10807 SW 228 TERRACE, MIAMI. FL 33170	= Add
			□Remove
		PLEASE CHANGE TITLE FROM MGR TO MGRM	⁄I ■Change
MGR	ANDRE MAURICE ALERTE	PLEASE REMOVE TITLE MGR	□Add
			■ Remove
			_ □Change ::1775:::::::::::::::::::::::::::::::::
			OHON OF CREMON COLORS
			□Add
		.,	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

MCKW (WANACI	NG MEMBER) FOR TH	E PURPOSE OF O	PENING UP A BAN	IK ACCOUNT	
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ective date, if other	than the date of filing:			(optional)	
te: If the date inserted	ne date must be specific and ca I in this block does not mee	et the applicable sta	f filing or more than 90 tutory filing requiren	days after filing.) Pursuant t nents, this date will not b	to 60 e lis
ument's effective date	on the Department of Stat	e's records.			
cord specifies a delave	ed effective date, but not an	effective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th day	z afi
s filed.				(-,	
8/01/2022				$\widehat{}$	
ed <u>8/01/2022</u>	v		16	2 A	

Typed or printed name of signee