22000078382

(Requestor's Name)
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	City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
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(Business Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:
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Office Use Only



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RECEIVED

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
E&J Enterp			
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:	
	Jeffery Mordica		
		Name of Person	
	E&J Enterprises LLC.		
		Firm/Company	
	529 Barack Obama Blvd		
		Address	
	Quincy, Florida 32351		
		City/State and Zip Code	
	todaysentertainment850@g	mail.com to be used for future annual report noti	tication)
For further information of	concerning this matter, please of		,
Jeffery Mordica		850 212-4198	
	of Person	at ()	ne Telephone Number
rune		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	etion
Registration Division of C		Registration Se Division of Co	rporations
P.O. Box 632		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E&J Enterprises LLC.	SECON	т 5: _{1, 1}
(<u>Name of the Limited Liabili</u> (A Florida	SECRETARY Company as it now appears on our results a Limited Liability Company)	TARY OF STATE AHASSEE, FI
he Articles of Organization for this Limited Liability Corida document number L22000078382		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
the continuous discount of applicables		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida 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.

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
AMBR	Eric McKinnon	529 Barack Obama Blvd	
		Quincy, Florida 32351	■Remove
			Change
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			Change
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			□Change
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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be pro- k does not meet the appl	or to date of filing or mor icable statutory filing	(optiona e than 90 days after fili requirements, this da	ng.) Pursuant to 605,0207
record specifies a delayed effective lis filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
June 14th	2022	<u>. </u>		
	ignature of a member or aut	horized representative o	f a member	
Jeffery Mordica				

Filing Fee: \$25.00