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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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2022 JUN - 7 AM 8: 09
SECRETARY OF STATE
TALLAHASSEE, FI

## **COVER LETTER**

TO:

FO: Registration Sec Division of Corp				
	MPANY LLC			
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	FABRICE HERZSTEIN			
		Name of Person		
		Firm Company		
Figur Company 20803 BISCAYNE BLVD, SUITE 440				
Address				
	AVENTURA, FL, 33180			
		City/State and Zip Code		
		to be used for future annual report not	ufication)	
For further information c	oncerning this matter, please co	all:		
FABRICE HERZSTEIN		786 785-5000 at ()		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	
Mailing Addres		Street Address:	aution	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -7 AM 8: 09

JEMM COMPANY LLC

SECRE ART STATE TALLAHASSEE, FL

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

Florida document number 1.22000085456	were filed on FEBRUARY 22, 2022	and assigned
Trorida document flames		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	Enter Florida street address Florida	Zip Code
		Zip Code

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
MGR	ERWIN DAZELLE	20803 BISCAYNE BLVD, SUITE 440	■Add
		AVENTURA, FL, 33180	□Remove
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