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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Co			•		
eun ir	Upward JS					
SUBJE	CCT:		ited Liability Company	<del></del>		
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Stephanie Goebel				
Name of Person				<del></del>		
ZenBusiness Inc.						
	Firm/Company 5511 Parkcrest Drive, Ste. 103 Address					
					E	
		Austin, TX 78731			2023 HOV	<del></del>
	City/State and Zip Code				· 無数 ()	esents H
fulfillment@zenbusiness.com						: : <b>-</b> ``
		E-mail address: (	to be used for future annual report notifi-	cation)	AH 8	7.34
For fur	ther information o	concerning this matter, please co	all:		FLAI MAI	
Stepha	nie Goebel c/o Ze	:nBusiness Inc.	844 493-6249 at ( )		m	
	Name o	of Person		Telephone Number	<del></del>	
Enclose	ed is a check for t	he following amount:				
<b>32</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Opward JS LLC		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.22000106340	npany were filed on 03/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	
		123 P. 23
		JEG NOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		A SS
		17 cs cs 17 cs
		- 1 8 8 B
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		111 =
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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>	<u>Address</u>	Type of Action
AMBR	Sushanna Collington	14040 Island Bay Drive, Apt 103 Orlando, FL 32828	<b>≅</b> Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blue document's effective date on the D	st be specific and ca ock does not med	annot be prior to et the applicab	date of filing or t le statutory fili	nore than 90 days	optional) after tiling.) Purs , this date will	uant to 605 not be liste	5.0207 ed as 1
ne record specifies a delayed The 90th day after the rec		te, but not a	an effective	time, at 12:	01 a.m. on t	he earlie	er of:
		2023					
Dated November 1							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00