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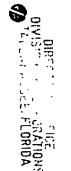
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· ·	Requestors Name)	
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	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
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Silectal Instructions to F	iling Officer:	
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CORPORATE

When you need ACCESS to the world

ACCESS, ____

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	CAT 3/24
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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xx	FILING	LLC AMEND
•	JCM2R LLC	
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COVER LETTER

TO: Registration : Division of Co			
JCM2R L			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter		
	ESSAM KERAS		
		Name of Person	
	MK BOOKKEEPING SEE	RVICES, LLC	
		Firm/Company	
	6741 LAND O' LAKES B	LVD	
		Address	
	LAND O'LAKES, FL 346.	38	
	***************************************	City/State and Zip Code	
	ESSAM@MKBKSERVICE	ES.COM to be used for future annual report no	otification)
For further information	concerning this matter, please co		•
ESSAM KERSA	•	813 368 - 2872	!
Name	of Person	at () Area Code Days	ime Telephone Number
Enclosed is a check for	the 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)
Mailing Addi Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration S Division of C The Centre of	orporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2023 MAR 24 AM 9: 50

JCM2R LLC		- , 111 3: 25
(Name of the Limited Liability Compa	ny as it now appears on our records, iability Company)	DULINETARY OF OTHE
(A) Natid Chines	загли страну	IALLAHASSEE STATE
he Articles of Organization for this Limited Liability Company	were filed on 03/23/2023	and assigned
iorida document numoci		
his amendment is submitted to amend the following:		
If amonding name, ontor the new name of the limited light	ility company here:	
. If amending name, enter the new name of the named has	mit company nerg.	
		1 11 11 11 11 11 11
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC	or the appreviation "L.L.C.
inter new principal offices address, if applicable:	7820 STATE ROAD 52	<u> </u>
If amending name, enter the new name of the limited lia e new name must be distinguishable and contain the words "Limited Liab enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	HUDSON, FL 34667-6721	
meipur office university and BEHOTREET HEELES		
		<u></u>
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	address on our records, <u>enter t</u>	he name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u>. </u>	
New Registered Office Address:	Enter Florida street address	
		rida
	City	$z\mu \cos c$

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
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		<u></u>	□Remove
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Effective date, if other than the date of filing: [Aptional] [Ap	_		
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Filing Fee: \$25.00