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### **COVER LETTER**

TO: Registration Section
Division of Corporations

CUDIFOT.	JUKA HOLDINGS I.LC			
SUBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		KARL H WILLIAMS		
			Name of Person	
		-	Firm/Company	<del> </del>
		373 SW QUIET WOODS		
		PORT SAINT LUCIE FL	Address 34953	
		RIOESTATES2009@GMA	City/State and Zip Code IL.COM	
			to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
KARL H WI	ILLIAMS		772 405 7759 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Res Div P.C	iling Address gistration S vision of C D. Box 632 llahassec, l	Section Corporations 17	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUKA HOLDINGS LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appe ited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp.			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or t	
Enter new principal offices address, if applicable:			1 SE 22 11
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	<u></u>	
		<del></del>	
Enter new mailing address, if applicable:		<del></del>	7 × 5
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florid	
<del></del>	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RIVER ISLAND ENTERPRICES I	373 SW QUIET WOODS	<b>=</b> Add
		PORT SAINT LUCIE, FL 34953	□Remove
			□Change
MGR	KARL H WILLIAMS	373 SW QUIET WOODS	🗆 Add
		PORT SAINT LUCIE, FL 34953	
			□Change
		<del></del>	☐Change
			Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if n	necessary.)	
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(If an offec <u>Note:</u> I	the date, if other than the date of filing:	fter filing.) Pursuant to 60	
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	: (b) The 90th day aft	er the
Dated _	MAY 12TH 2022		
	Signature of a member or authorized representative of a member	_	
	Karl H. William C Typed or printed name of signee		