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COVER LETTER

	Registration Se Division of Cor					
eup we		YWA RE. LLC				
SUBJECT	ı:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	urn all correspo	ondence concerning this matter	to the following:			
		NICOLE CREESE				
			Name of Person			
		BLUE JAY TAX SERVIC	ES LLC			
			Firm/Company			
		200 CAPRI ISLES BLVD	UNIT 7F			
			Address	 -	(1) (1) (2)	
		VENICE, FL 34292				`:
			City/State and Zip Code	HASSEL HASSEL		"
		NICOLE@BLUEJAYTAX		SSE	P	m
For furthe	r information c	E-mail address: (oncorning this matter, please of	to be used for future annual report notification) all:	STATE. FL	1 2: 50	
NICOLE	CREESE		941 888-4222 at ()	டி	0	
	Name o	f Person	Area Code Daytime Telephone Nut	mber		
Enclosed i	is a check for th	ne following amount:				
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F	Mailing Addres Registration S	Section	Street Address: Registration Section			
	Division of C P.O. Box 632	•	Division of Corporations			
	7.0. Box 632 Fallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Sui	te 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAN A. HLYWA RE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/24/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOANN A HLYWA, LLC The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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 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
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