## L2200305697

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	·
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly

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cf 8/23/2022

## **COVER LETTER**

Division of Corpora	
SUBJECT: <u>ACOLO</u>	JIA MAI INVESTMENTS LLC Name of Limited Liability Company
The enclosed Articles of Ame	indment and fee(s) are submitted for filing.
Please return all corresponden	nee concerning this matter to the following:
-	Georgia M. Miller Name of Person
-	Firm/Company
-	2375 thacker trl.
-	KISSIMMER FL. 34747 City/State and Zip Code
-	<u>CTEORGIAMAI INVESTMENTS @gmail com</u> E-mail address: (to be used for future annual report notification) ()

For further information concerning this matter, please call:

at (<u>467</u>) Area Code (1eoro 552-1272  $\mathcal{M}$ Daytime Telephone Number

Enclosed is a check for the following amount:

**Registration Section** 

TO:

Z \$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)

;

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT		
ТО		
ARTICLES OF ORGANIZATION		-
OF	60.00	
	2022 2013 23	Pli 12: 42
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on 07 08 2022	and assigned	
Florida document number <u>L22000306697</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
A. II antenning name, <u>every series and an </u>		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
The second second second is a second s		
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, <u>enter the nan agent and/or the new registered office address here</u> :	ne of the new regi	stered
Name of New Registered Agent:		
New Registered Office Address: Enter Florada street address		
, Florida		
	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 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

••••

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Elcorgia Miller	2375 thacker 61 Lissimmee FL, 3474	ZAdd
			🗆 Remove
			□Change
<u>AP</u>	Byan Jarian	10704 Canden Day Tampa FL. 33635	di Add
			□Remove
			🗆 Change
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	August	230	. 2022		
	J		MA	Ł	
		Signature of	a member or authorized re	presentative of a member	
		Cieor	Gia Mai Typed or printed name	Miller	

Filing Fee: \$25.00