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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATEONS

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

JP MAST	ER ENTERPRISES				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JUNNOR PAGAN MAR	RERO			
		Name of Person			
	JP MASTER ENTERPRIS	ES			
		Firm/Company			
	4310 ROBERT WAY API	В			
		Address			
	BARTOW, FLORIDA 338	330			
	junnor14@gmail.com	City/State and Zip Code			
		to be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca				
JUNNOR PAGAN MAI	RRERO	787 234-3010			
Name c	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	otion		
Registration Division of C		Registration Section Division of Corporations			
P.O. Box 633	•	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IF WASTER ENTERPRISES (Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on <u>08/</u>	09/2022 and assigned
Florida document number 1.22000351392		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr		cords, <u>enter the name of the new register</u>
	<u></u>	
Name of New Registered Agent:	JUNNOR PAGAN MARRERO	
New Registered Office Address:		
	Enter Flori	la street address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ID A COTTO DESTUDBBLICO

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, Signatur of Sew 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
MGR	JUNNOR PAGAN MARRERO	4310 ROBERT WAY BARTOW, FL 33830	■Add
			□Remove
			□Change
MGR	JUNNOR PAGAN	4310 ROBERT WAY BARTOW, FL 33830	🗆 Add
			■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
	-		□Add
			□Remove
			□Change

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Filing Fee: \$25.00