122000354708

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone #	Ĭ)		
PICK-UP	■ WAIT	MAIL		
_	_	_		
(Bu	isiness Entity Name	9)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Filing Officer			
openial modulations to	r imig omoci.			





900425208349

03/06/24--01010--017 **25.00



2024 APR 10 AH 11: 52 SEAT WASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	lited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	•	Name of Kerson	
	Jessia	ca Adiyo LLC Firm/Company	
	<u>265</u> <u>S</u> .	Federal Hwy	#115
		Lield Beach, FL City/State and Zip Code	
	E-mail address: (1	o be used for future annual report noti	A. COM
For further information co	oncerning this matter, please ca	all:	
JESS ON Name of	Adiyo	at (5bt) 880 Area Code Daytim	- 7718 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

diso LCi	
mpany as it now appears on our records.) ted Liability Company)	
any were filed on <u>08 111 20 22</u> and as	signed
iability company here:	
•	
_ 265 S. Federal Hwy =	d 115
Deerfield Beach TC 3	3441
	
ce address on our records, enter the name of the ne	w registered
·	
	
, Florida	
— igree to act in this capacity. I further agree to c om t	ili and
i	ited Liability Company any were filed on

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
<u>_VP</u>	Henry Stephan	265 S. Fed. Hwy # 115	□Add
		Der jubl Beach, FL 33461	XIRemove
			□Change
Tresurer	Henry Slephan	265 S. Foderal Huy #115	□Add
		Deckield Beach FL 3344/	XiRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		A	- 101 ange
		A C	
			Remove
			ို့ ကျ

. If amending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
	
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of cord is filed.	(b) The 90th day after the
Dated <u>D3</u> /24 2024	2024 APR I
Am	
Signature of a member or authorized representative of a member	SSEE. S
Typed or printed name of signee	SEE STATE