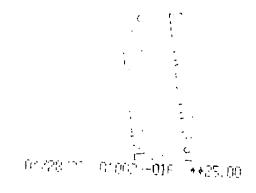
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COVER LETTER

Division of Cor			
SUBJECT: J&	Fashings 11	4	
SUBJECT: U	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:	
	Ja'MiyaV	Name of Person	
•		Firm/Company	
	5852 Roun	d Talde Rd. Address	
			· · · · ·
	Jacksonvill	e FL 32254 City/State and Zip Code @ gmail. Com to be used for future annual report notifi	
	· anninaloleXIVI	City/State and Zip Code	-
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	1.
Ja' Miya	M LLVY f Person	at (904) 508 - U Area Code Daytime	153\ Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$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)
Mailing Address		Street Address: Registration Sec	tion
Registration S		Division of Corr	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited L (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200373\53</u> .	were filed on <u>August 24^m, 20</u>	22_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilities that the new name must be distinguishable and contain the words "Limited Liabilities".	te solutions L	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5852 Round Table P Jacksonville, FL 3225	d ,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5862 Round Table Jacksonville, FL 32	Pidí., 2547
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	r ^{iz} address on our records, <u>enter the na</u> r	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	7. 6.1.
	City	Zip Code

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

JL& Fashions, LLC

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

Title	Name	Address	Type of Action
MGR	Ja'Miyah Levy	5852 Round Table Rd.,	
		Jacksonville, FL 32254	
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			DAdd
			Remove
			□Change
			□Add
			☐ [S] ☐ [Remove] ☐ [] ☐ [Change]
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effective date is listed, the date must be specific and cannot ! If the date inserted in this block does not meet th	t be prior to date of the	ling or more than 90 d	lays after filing.) Pur	suant to 605. not be liste
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ecord specifies a delayed effective date, e 90th day after the record is filed.	but not an effe	ective time, at 1	2:01 a.m. on t	the earlie
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