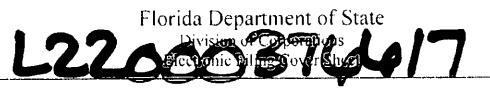
9/22/22, 12:36 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000328953 3)))



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Division of Corporations

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Ü LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOLIFARIS LLC

Certificate of Status	0
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Help

SEP 23 2022

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## COVER LETTER

Division of Cor			
JOLIFARI	\$ LLC		
SUBJECT:	Name of Limi	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:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	<del></del>
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	fcihaner@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please o		
Cheyenne Moseley		800 773-0888 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOLIFARIS LLC		
(Name of the Limited Liability Company (A Florida Limited Lie	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 08/26/2022	and assigned
Florida document number L22000376617		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Find It Direct LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		<u> </u>
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 here:  Name of New Registered Agent:	ice address on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent.		547. <b>0</b> 77.
New Registered Office Address:	Enter Florida street address	See A See
		10 PK
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	c., <del>,</del>	舞 5
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent and agree provision as registered agent agen	performance of my duties, and I ar	n familiar with and

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.

MGR = Manager

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

LegalZoom com, Inc.

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			O Add
			☐ Remove
			Change
			П Remove
			□ Change
	<del></del>		Add
			Remove
			Change
			Add
		□ Remove	
			□ Change
			☐ Remove
			☐ Change
		\ Add	
			Remove
			□ Change

To.

Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an of Note:	ive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September 15th 2022
	Signature of a member or authorized representative of a member
	Seyhmus Cihaner  Typed or printed name of signee

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Filing Fee: \$25.00