Electronic Filing Cover Sheet

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.

(((H22000323422 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

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

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **JOAJOSRA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

J DEKINS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOAJOSRA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{09/06/22}$ and assigned Florida document number <u>L</u>22000388110 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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
AMBR	CHAVEZ, RAUL ARMANDO	19430 S.W. 88TH CT.	🗆 Add
		CUTLER BAY, FL 3315	57 □Remove
			∑ Change
AMBR	MARTINEZ, ANGELA M.	19430 S.W. 88TH CT.	🗆 Add
		CUTLER BAY, FL 33157	□Remove
			∑ Change
			□Add
			□Remove
		**************************************	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				<u></u>	. 	
	···			<u> </u>		
	-					
	<u> </u>		<u> </u>	- <u>-</u>	_	
	18871111					
		<u>.</u>				•——
					·	
						
	· · · · · · · · · · · · · · · · · · ·					
				·		.
		<u></u>				
						· · · · ·
	·					
		,				******
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not m	cet the applica	o date of filing or ble statutory fil	more than 90 day ing requirement	optional) safter filing.) Pursi s, this date will r	uant to 605,0207 (not be listed as th
e record specifies a delayed effectived is filed.	e date, but not	an effective tin	ne, at 12:01 a.m	n, on the earlier	of: (b) The 90tl	n day after the
Dated September 19		2022	_ ·			
Dated Optomor						
Dated Optomor 20	Mon	gan Polle	rized representati			

Filing Fee: \$25.00