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COVER LETTER

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end inch	Jina Realty	LLC			
SUBJECT	<u></u>	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Jina Grden			
		,	Name of Person		
		Firm/Company 1597 Harrington Park Dr Address Jacksonville, FL 32225 City/State and Zip Code Jina.grden@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:			
		1597 Harrington Park Dr			
			Address		
		Jacksonville, FL 32225			
			City/State and Zip Code		
		-	to be used for future annual	report notification	<u>1 </u>
For further	information co				,
Jina Grđer	ı		_	3-5510	
	Name of	f Person	at () Area Code	Daytime Telep	hone Number
Enclosed is	s a check for th	ne following amount:			
\$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Lailing Addres		Street Ac		
	egistration S division of C		_	ation Section n of Corporati	ions
	.O. Box 632			ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2022	and assigned
lorida document number L22000435388		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ina Grden Real Estate LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023
		* T
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street address	
	Chief 1 10) that theet than 622	
		rida
ew Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Add
			□Remove
			□Change
			□Add
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ffoative date if other than the	data of filings		(antional)	
ffective date, if other than the an effective date is listed, the date mu	st be specific and cannot be pri	or to date of filing or mo	re than 90 days after filing.) Pursuant to 605.020
<u>fote:</u> If the date inserted in this b ocument's effective date on the D	lock does not meet the app	licable statutory filing	requirements, this date	will not be listed a
betiment's effective date on the E	epartment of state s record	15.		
record specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
is nica.				
04/ 13	2023			
10-110		·		
ated				
ated	11.11	7_/.		
ated	July Signature of a member or au	thurs of representative	of a member	

Filing Fee: \$25.00