L2200043633/

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JE Francial a Consulting Services L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janua Helds Name of Person
JE Firm/Company Consulting Survices L.L. C
501 SW 13th St Apt. 4 Ocala, Pa
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (213) 308 - 5946 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Solution}\$ \$30.00 Filing Fee \$\text{Certificate of Status}\$\$ \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{\$60.00 Filing Fee}\$\$ \$Certified Copy}\$\$ (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

Je financial d	Consulting Services
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000431.331</u>	were filed on $10 10 22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	501 SW 13th St Apt 4 Ocala FL 34471
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent: Jan (ce	Wight St Apt 4 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
New Registered Office Address: 5015	Enter Florida street address
<u>o cal</u>	City Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag	ree 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
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an effective date is listed, the date must be specific and cannot be prior to da	ite of filing or more t	(option han 90 days after fi	ling.) Pur	suant to 6	05.020
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory timing re-	quirements, this (iaic wiii	not be in	sted as
	at 12:01 a.m. on tl	ne earlier of: (b)	The 90	th day afi	er the
record specifies a delayed effective date, but not an effective time, a list filed.					
l is filed.					
l is filed.					
record specifies a delayed effective date, but not an effective time, a lis filed. ated 38th of July)			

Filing Fee: \$25.00