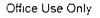
122000440311

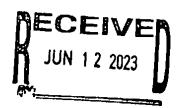
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
JUN 1 2 2023

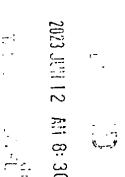




900410178249

05/13/23--01003--003 ******25.00





CHIZALZONS

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: J. M.	P. ÉNTERPRISE	STEMS L.L.C. dited Liability Company		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		Λ		
	DHA	Name of Person		
		Name of Person		
	, Λ	DAMS MBA Firm/Company		
	- JOHN H	Dams MBA	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	7006	NW 107 th Av	le	
	- (4)	City/State and Zip Code PG ATT. NET to be used for future annual report note	27321	
		City/State and Zin Code		
	6 A. GA.	OB · AT NOT		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c			
A.C.	1 A rams	at (<u>954)</u> 548.	9283	
Name of	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$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 Addre		Street Address		
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

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

I.M.P. Ew	Company as it now appears on our records.) Company as it now appears on our records.) Climited Liability Company)
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 22000 4403//</u>	ompany were filed on 10/14/2032 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
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.

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
MER	ADAMS SOHN	1910 HW 36th Strag	🗆 Add
		OAKLANI PANK, FL 33009	Remove
			□Change
MGR	SASON MARBULIES	1910 NW 3646 Strag	ïXAdd
		DAKLANI FL. 33009	🗀 Remove
			□Add
			□Remove
			□Change
	······································		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

-	
-	
-	
-	
-	
_	
-	
-	
-	
_	
-	
-	
_	
(If an eff	(optional) ective date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	6-8-
	July Ordans
	Signature of a member or authorized representative of a member
	JOHX ADAMS
	Typed or printed name of signee

Filing Fee: \$25.00