## L72000 463 631

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
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SECRETARY OF STATE TALLAHASSEELFLORIOA

2022 NOV 18 AM11: C

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	J Maz Name of Limi	te f Co LL ited Liability Company	<u>C</u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Reb</u>	Name of Person	<del></del>
		Firm/Company	
	1027	NE 202nd Address	Ln_
	Miam	FL 33179 Chy/State and Zip Code	
	E-mail address: (	e and co ana	ication)
For further information co	oncerning this matter, please ca	all:	
<u>Rehan</u> Name of	Janjua	at ( <u>718</u> ) <u>427</u> Area Code Daytime	- 4333 Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Maze E	(o LLC
(Name of the Limited Liability Compa (A Florida Limited	ny <u>as it now appears on our records.</u> ) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	' <b>'</b>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1027 NE 202nd Ln
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022 HOV 18 SEURE ARE TALL AND SEE
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 registered
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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rehan Jonjus	1027 NE 202nd Ln	□Add
		Mami, F1 33179	Remove
			Change
Ambr	Rehan Tunjua	1027 NE 202nd Ln	ZAdd
		Miami, F1 33179	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	ive date, if other than the date of filing:

If the record 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 record is filed.

November 12, 2022

Rehan Janjua