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(Requestor's Name)
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COVER LETTER

	Registration Section Division of Corporations				
CLID IPA		ohic & More LLC			
SUBJEC	T:				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Hunter T.			
		•	Name of Person		
		ZenBusiness INC			
			Firm/Company		
		336 E. College Ave Suite	301		
			Address	:53	
		Tallahassee, FL 32301			
			City/State and Zip Code	1.7	
		fulfillment@zenbusiness.co			
Car forth	:		to be used for future annual report not	fication) ; 2	
ror turth	er information c	oncerning this matter, please c	an:		
Hunter T. e/o ZenBusiness INC			844 493-6249 at ()	·	
	Name o	f Person		e Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25 .0	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 Addres		Street Address:		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration Se Division of Cor		
			The Centre of T		
				e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jireh's Graphic & More LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	is <u>.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 11-01-2022	and assigned
Torida document number L22000468915	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		· :
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		
THINK WHITE WAY TO THE WORK		7.2
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
		orida
	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

AMBR Damaris Jannette Jimenez-Class 1717 Thorp Rd SE	
AMBR Damaris Jannette Jimenez-Class 1717 Thorp Rd SE	_ = Add
Palm Bay, FL 32909	_ □Remove
	_ □Change
	_ □Add
	□Remove
	_: _□ <u>A</u> dd
	∷ ⊇ Remove
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the f	block does not meet the applicable statu	(optional) tiling or more than 90 days after tiling.) Pursuant to story filing requirements, this date will not be	605.03 listed
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day a	ifter tl
January 6	2023		
	/s/ William Vel Signature of a member or authorized repr	lez	

Filing Fee: \$25.00