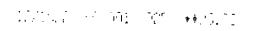
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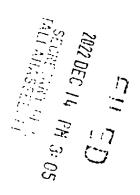
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COVER LETTER

TO: Registration Section Division of Corpor		41-	
SUBJECT: THE	JLM Same of Limit	DEVELOPERS ed Liability Company	LIC
	, with the state of the state o		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	DIAM	OND ALMOZ-	
	THE JLI	M DEVELOP	ERS, LLC.
	P.O.	BOX 912 Address	
		City/State and Zip Code City/State and Zip Code Code	4-3
		City/State and Zip Code	
-	THE JLA	to be used for future annual report not	(fication) COM
For further information cond		コルをむしべ	IT EVE & GMAIL, COM
	Λ	at (810) 40 Daytin	
Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u> Registration Se Division of Co		Street Address: Registration So Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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2022 DFC	
2022 DEC 14 FR	3: 08
LLCISSA	

THE JUM DEVELOPERS LL Costs of Company as it now appears on odd records.

(Name of the Limited Liability Company as it now appears on odd records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/14/22 and assigned

Florida document number \(\alpha \) 2 000 5180 36

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
MBR	DR. HARRY A. ROLLE	1021 NOS DAIRY ROXX BLDG. 3 SUITE # 115 MIAMI, FL 33179	<u>^</u> □Add
		MIAMI, FL 33179	ERemove
			□Change
			□Add
			□Remove
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			Change
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		<u> </u>	□ Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	
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	<u>—</u>
	
Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 (e listed as ti
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.	after the
Dated DECEMBER 14 2022	
	_
Signature of a member of authorized representative of a member	
E DIRMOND JUNUZ Typed or printed name of signee	

. . . .

Filing Fee: \$25.00