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COVER LETTER

Registration Section Division of Corporations

TO:

1. C	
ed Liability Company	
nitted for filing.	
o the following:	
L. Jackson Name of Person	
Firm/Company	·
JBOO CICCLE Address	- <u></u>
FL 32304 City/State and Zip Code Q 4mail: com	
be used for future annual report noti	fication)
11:	
at (<u>305</u>) <u>256</u> — Area Code Daytim	e Telephone Number
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Se Division of Cor The Centre of T	rporations Fallahassee
	The following: L. Jackson Name of Person Firm/Company JBOA CICCL Address F. J. 323.04 City/State and Zip Code A Grail. Com The weed for future annual report note II: at (305) 250— Area Code Daytim Street Address: Registration Se Division of Con

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JAN 3 I SEURE Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 423000000017 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 th 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> l'itle</u>	<u>Name</u>	Address	Type of Actio
MUR	Taneis ha Jackson	1639 coreywood circle Tollahassee FL 32304	Add
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	207 (, as tl
e recor ord is fil	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 delayed.	ne
Dated	Jan 31-23	
	Signature of a member or authorized representative of a member	
	Taneisha Sachson Typed or printed name of signee	

Filing Fee: \$25.00