L230000 24949

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Section 1

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
, , , , , , , , , , , , , , , , , , ,	3 <u>.</u>		
	Shannon Carlton		
		Name of Person	
	Good Juju Exchange		
		Firm/Company	
	Name of Limited Liability Company Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Shannon Carlton		
		Address	
	Tampa, FL 33603		
		•	
	_		stification)
For further information c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Shannon Carlton			
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		 	ection
Division of C	Corporations	Division of C	orporations
P.O. Box 632 Tallahassee,			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Juju Exchange LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records. Tida Limited Liability Company)	·
The Articles of Organization for this Limited Liability Florida document number L23000024949	·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Juju Exchange LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Trincipul Office data ess in OST and TEST INTER 71178		
	-	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new register
Name of New Registered Agent:	Print Harvier Control Print Control	
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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 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
			CJAdd
			□ Remove
			☐ Change
			
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ite:	we date, if other than the date of filing:
ecoro	I 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 decident of the specifies a delayed effective date.
ted _	March 16 2023
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00