L23000030289		
(Requestor's Name) (Address) (Address)	300410688073	
(City/State/Zip/Phone #)	300410688073 300410688073 **25.00 5. CHATLANS 1/07/2301003021 **25.00 SECRETARY OF STATE NON - 5 202 NON - 5 2	
Certified Copies Certificates of Status	RECEIVED 2003 NOV -7 RE 2 83 SECTEMENT OF STATE TALLAHASSEE, FLORIDA	
Office Use Only		

TO: Registration Se			
Division of Cor	-		
	Stores No. II LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	undence concerning this matter	to the following:	
	Kristin Matthews		
		Name of Person	<u></u>
	1309 Thomasville Rd., Ste	Firm/Company . 206	
		Address	
	TALLAHASSEE, FL 3230	3	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Kristin Matthews		850 597-3900 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addres	·s:	Street Address:	
Registration 1	Section	Registration Se	
Division of C	Corporations	Division of Co	rporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ARTICLES OF ORGANIZATION OF

PANHANDLE STORES NO. II LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

JGHAZ 2023 LLC

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, <u>enter the name of the new registered office address here</u>:

Name of New Registered Agent:	KRISTIN MATTHEWS		
New Registered Office Address:	1309 THOMASVILLE RD, STE, 206		
	Enter Florida street address		
	TALLAHASSEE	. Florida 32303	
	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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	JASON GHAZVINI	4708 CAPITAL CIRCLE NW	□Add
		TALLAHASSEE FL, 32308	E Remove
			□Change
MGR	AUSTIN GHAZVINI	4708 CAPITAL CIRCLE NW	□Add
		TALLAHASSEE FL. 32308	
			Remove SECRE TALLUAHAR
			HAY C LAdd
			ASSOF STATE
			🗆 Add
			🗆 Remove
		. <u> </u>	□Change
			🗆 Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change

President and a second

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u>.</u>		
		SECRETARY OF STATE
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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.

OCTOBER 17	2023	
Dated	·	
	At-	
	Signature i a member or authorized representative of a member	
JUSTIN R. GHAZVINI	MANAGER	

Typed or printed name of signee