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COVER LETTER

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TO:

TO: Registration Se Division of Cor				
CLIP IN OT	JAJUY	'AH L. L. C.		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		KERRY AJUYAH		
		Name of Person		
		JAJUYAH L. L. C.		
		Firm/Company		
		2718 Palmetto Ct.		
		Address		
		Florence, KY, 41042		
	·	City/State and Zip Code		
		kerryajuyah@hotmail.com		
		to be used for future annual report no	otification)	
For lurther information c	oncerning this matter, please c	aii:		
KERRY	AJUYAH	386 at ()	871 - 4231	
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 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 Registration S		Street Address: Registration S	Section	
Division of C		Division of C		
P.O. Box 632	.7 ·	The Centre of	•	
Tallahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAJUYA	AH L. L. C.		
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appea I Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on _	31 JANUARY, 2023	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
KAJUYAH L			
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202!
			子 第 1
			1 2
Enter new mailing address, if applicable:			SS S
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	
			- N
B. If amending the registered agent and/or registered office	address on our i	records, <u>enter the nan</u>	ne of the new registere
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida	
	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:

or removed fr	om our records:		adden
MGR = Mar AMBR = Aut	nager horized Member		
Title	<u>Name</u>	Address	Type of Action

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· · · · ·	ive date, if other than the date of filing:
recor Lis til	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 led.
ated	27 FEBRUARY 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00