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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 50+40 Ent	erprise LLC
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	
Please return all correspondence concerning this	matter to the following:
_Sabr	Name of Person
_Sote	10 Enterprise LLC Firm/Company
2406 B	E State Road 60 unit 1298
Vairi	CO Florida 33594 City/State and Zip Code
St elo E-mail ad	bring @ gmail. COM dress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
Sabrina Sotelo Name of Person	at (813) 415 - 5247 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jutelo Enterprise	2 LC	<u> </u>
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on Word	and assigned
Florida document number L23D00102-034	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2073
(Principal office address MUST BE A STREET ADDRESS)		五 元
Carana and the address of applicables		5 A 17
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	XX
	, FI	orida
	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
MBR	Sabrina Sotelo	1149 Emerald hill	🗖 Add
		way Valrico Fl 33594	□Remove
			□Change
			□Add
			□Remove
			Change
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			Remove
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(If an effective Note: If the	date is listed, e date inserte	r than the d the date must be d in this bloc te on the Dep	e specific ar k does not	nd cannot be meet the ap	oplicable sta	of filing or mo tutory filing	re than 90 d requireme	_ (option ays after fil ents, this d	ling.) Pursuar	nt to 605.0207 (3 be listed as th
ne record spe ord is filed.	cifies a delay	yed effective	date, but no	ot an effecti	ve time, at	12:01 a.m. o	n the earli	er of: (b)	The 90th d	ay after the
Dated M	arch	13	<u></u>	, 202	<u>3</u> .					
		C.N.	7.	of IN						
-		Jalm	ignature of a	nember or	authorized re	presentative o	of a member	•		