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(Req	uestor's Name)	<u> </u>
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	JS8 LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Stephan	Name of Person	
		Firm/Company	
	4110 NW 30	Avenue Boca Raf	<del>21</del>
	Boca Rat	City/State and Zip Code  Vall @ G Mail. Car to be used for future annual report notice.	31
	HMQZIAGE E-mail address: (1	Vall @ G Mail. Car	incation)
For further information co	oncerning this matter, please ca		• 1
Stephanie Name of	Lhalen	at ( <u>561</u> ) <u>573</u> Area Code Daytin	-9630 E.
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations l'allahassee
Tallahassee, I	-1, 52314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJS	8, LLC	/		
(Name of the Limite	<u>d Liability Compar</u> A Florida Limited L	ny as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 23000</u>	ability Company		,	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	n "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	66 West F	149/10	Street
(Principal office address MUST BE A STREE)	T ADDRESS)	66 West F Miami, F	locide.	33130
Enter new mailing address, if applicable:		66 West	Flagle	1 Street- 33130
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Mani,	Florida	33130
				: ————————————————————————————————————
B. If amending the registered agent and/or reagent and/or the new registered office address	•	ddress on our records,	enter the nai	
Name of New Registered Agent:	Ray Dire	ucco - Dicucco W. Oakland	CPA	. Si
New Registered Office Address:	7800	W. Oakland Enter Florida street	Palk E	Sivd.
	Sonas	e	Florida	33351
		City	· IVIIUA	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stephanie Luhalen	4110 NN3 d Avenue Boxakaka, Fr	33 Y3 1 /
4GR	Steven Lolicido	9289 Water Course Way Boughton Beach, Fc 33437	(DRemove
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ive date, if other than the date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the applicable statutory from setting the free on the Department of State's records.	iling requirements, this date will not be listed
ient's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after t
led.	
May 11	
May 11 . 2023.	
Janhari Land.	n.
Signature of a niember or authorized representa	tive of a member