L23000130441

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COVER LETTER

Registration Section Division of Corporations

TO:

OUD MEST	2 J'S VENDING 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	ndence concerning this matter	to the following:		
	СН	IANTEL JOHNSON		
		Name of Person		
		N/A		
		Firm/Company		
	23	36 S.E OCEAN BLVD.		
	v	Address		
	rz	CUART , FLORIDA 34996		
		City/State and Zip Code		
		NLIMITED3@GMAIL.COM		
	E-mail address: (to be used for future annual report n	otification)	
For further information co	oncerning this matter, please co	all:		
CHANTEL JOHNSON		772 at ()	475-3908	
Name of	f Person	Area Code Dayt	ime 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 Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration S Division of C The Centre of	Section Corporations f Tallahassee	
Tallahassee, I	L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NDING LLC	
(Name of the Lin	ited Liability Co (A Florida Lim	ompany as it now appears on ou lited Liability Company)	records,)
The Articles of Organization for this Limited Florida document number L230001304441	Liability Comp	pany were filed on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
JJC UNLIMITED LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	S)	
	<u></u>		
Enter new mailing address, if applicable:		N/A	ZOZI JAN
(Mailing address MAY BE A POST OFFICE BOX)			2 2
			SEES O
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our records	1 44
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
115 175Bistarea Ottibe 1 tonion.		Enter Florida stree	t 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 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
N/A	N/A	N/A	□Add
			Remove
			□Change
			□Add
			□ Change
			□ Add
			Remove
			☐ Change
			DAdd
			Remove
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N/A					
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ective date, if other to effective date is listed, the ee: If the date inserted ument's effective date	e date must be specific a in this block does no	and cannot be prior to of meet the applicat	o date of filing or more ble statutory filing re	(optiona than 90 days after filir quirements, this da	g.) Pursuant to 605.020
cord specifies a delayed s filed.	d effective date, but n	not an effective tim	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
January 8		, 2024	_ •		
	Clt	I M	ized representative of		
	N / Nignoture of		rzea renresentative of s	THE THEFT	