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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: AJD Home INUL Name of	stments, LLC
Name of	Limited Liability Company
	e submitted for filing.
	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	;;
Tasad	
	Name of Person
	Name of Follows
	Firm/Company
	4
200 SE M	112Nex BLUD UNIT 909 Address
	Address
Rea Pal	LI 33432
Docg Kyto	V FL 33432 City/State and Zip Code
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	ase can;
Jasola Botto	. 954 . 444 3374
Name of Person	at (954) 444 3374 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
又 \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	
Certificate of State	us Certified Copy Certificate of Status & Certified Copy Certified Copy
	(additional copy is enclosed) (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CST 1-5 P

AJD Home Inves	stnerts. LLC	<u>.;;</u>
(Name of the Limite	A Florida Limited Liability Company)	19
	ability Company were filed on $\frac{3/17/2023}{}$	and assigned
lorida document number <u>L 23000137</u> 9	974	
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our records, <u>enter the nan</u> ss here:	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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 **Type of Action** Title **Address** Name Becerr, Derisse 432 Tuskegre DR DAdd

Lakeworth FL 33432 Remove MGR _____ □Change Becerra, Danaris D 432 Tuskegie Dr MAdd MGR Lake worth fl 33461 Remove __Change __Change __CD_Add ___ Remove ∵; __□Change □Add □Remove _____ □Change \square Add ☐ Change

□Remove

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If the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.	(optional) ys after filing.) Pursuar its, this date will not	nt to 605.020 t be listed a
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	r of: (b) The 90th d	lay after the
Signature of a member or authorized representative of a member		
organization a member of a member		