L23000176572

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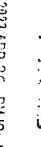




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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Jen	nifer Mame of Lim	acias LLC 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:	
	Jenr	Mer Macia	5
	Jenni	Per Macias Firm/Company	LLC
	5861 Sta	AYR GYASS lah	
	Napl	City/State and Zip Code	116 173 EFR 26
	Macias lhr E-mail Judress: (to be used for future annual report notific	- com =
For further information c	oncerning this matter, please ca	all:	
Jenni Per Name o	Macias Person	at (239) 477- Area Code Daytime	0949 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 Sect	tion
Division of C P.O. Box 632	orporations	Division of Corp	orations
Tallahassee, I		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jenniter IIIan	ias LLC	/	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>U</u>	1110 2025 and	d assigned
Florida document number <u>L 230001765</u> 72		•	
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 design	nation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			3
		1	
			, َ _ن ر
Enter new mailing address, if applicable:		σ	
(Mailing address MAY BE A POST OFFICE BOX)		, h	
		77.) -
		m ±	
B. If amending the registered agent and/or registered office	address on our reco	rds, enter the name of the	new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	City	Zip C	acte
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	duties, and I am familiar opter 605, F.S. Or, if this o	with and document is
			
If Cha	inging 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>	Address	Type of Action
MGR	Jennifer Macias	5861 Star Grass lane Nagres PL 34116.	iZAdd
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			[] A dd
			□Remove
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ffective date, if other than the da	te of filing:		(optic	nal)		
an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be pr	nor to date of filing or	more than 90 days after	filing.) Purs	uant to 60	5.0207
locument's effective date on the Depar	rtment of State's recor	rds.	ng requirements, and	date with	100 00 113	ica iii
record specifies a delayed effective da d is filed.	ate, but not an effectiv	e time, at 12:01 a.m	on the earlier of: (b)	The 90tl	ı day afte	er the
					(2)	
١ .					Golf Edd	, ,
Dated 04 20 2013	·,	 ·			~	
Dated 04/20/2013	·	Jan	,		2 הַלְ	
. (nature of a member or a	uthorized representativ	e of a member	 -	26 P	