## L23000187381

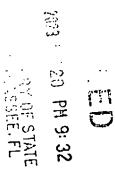
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

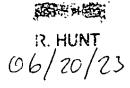
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Jura	<b>711</b>	
SUBJECT.	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>ქი</u> გ	tin King Name of Reason	
	JUR	_	
	6901A No	th 9th Avenue 1	342 PH 9: 32
	Pensacola	FL 32504 City/State and Zip Code	LTE 32
	Jah Tay 8276 E-mail address: (	to be led for future annual report not	ification)
For further information	concerning this matter, please e	all:	
Justin_Ki	of Pason	at ( <u><b>%50</b></u> ) <u><b>292-4</b></u> Area Code Daytin	1276 ne Telephone Number
Enclosed is a check for	the 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 Addre Registration		<u>Street Address:</u> Registration Se	ection
-	Corporations	Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now annears on on	r records.)
(A Florida Limited	nny as it now appears on ou Liability Company)	, 155 VI Part
The Articles of Organization for this Limited Liability Company	y were filed on <u>April</u>	17, 2023 and assigned
Florida document number <u>L23000187381</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
JUS JAH, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		20
Enter new mailing address, if applicable:		ms o
(Mailing address MAY BE A POST OFFICE BOX)		FL 32
B. If amending the registered agent and/or registered office	address on our records	, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Designand Access		
Name of New Registered Agent:		
New Registered Office Address:	Carra Class In sec.	a House
	Enter Florida stre	et aaaress
	Con	, Florida
	Cuy	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 **Address Type of Action** <u>Title</u> Name Joycelyn Harrison 5617 Del Prado Drive Apt 202 FAdd AMBR Tampa, FL 33617 

Remove Angelique Toylor 5617 Del Prodo Drive Apt. 202 WAdd AMBR\_ Tompa, FL 33617 

Remove ⊡Add □Add 

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