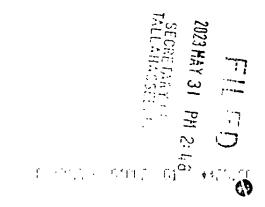
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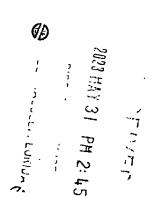
(!	Requestor's Name)
	Address)
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. (0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
- (6	Business Entity Name)
(1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	
	Max 3 / 2023

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jersey Sure & More LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Spencer Tyrus II
Jersey Sure & More Firm/Company
1349 S. Bronough Street
Tallahassee, FL 32301 City/State and Zip Code schtyrus@hotmail.com
soltyrus@hotmail.com
te-mail address. 20 be used for future annual report notification)
For further information concerning this matter, please call:
Spencer Tyrus II at (510) 339-8735 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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	2023 MAY 2 D
Jersey Sure & More	LALES May PH 21/18
(Name of the Limited Liability Company as it now appears on ou. (A Florida Limited Liability Company)	r records.)

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Jersey (jure \$	More		17. PH 2:18
(Name of the Limited Liab (A Flor	i <mark>lity Company as i</mark> ida Limited Liabilit	t now appears on o y Company)	our records.)	
The Articles of Organization for this Limited Liability		filed on A	oril 264	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability c	ompany here:		
The new name must be distinguishable and contain the words "L	imited Liability Con	npany," the designa	ation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		7.0	-	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office addre :	ss on our record	ls, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:	 	ر		
New Registered Office Address:		P		
		Enter Florida str	eet address	
		ity	, Florida	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>	Address	Type of Action
AMBR	Spencer Tyrus II	1349 S. Bronough Stree	≥† Nad
	_	Tallahassee, FL 323	○ □Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			□ Change
			🗆 Add
		 	□Remove
			🗆 Add
			□Remove
			□Channa

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effect Note: If	e date, if other than the date of filing:	5.0207 (3 ted as th
ord is filed		er the
Dated	Signature of a member of authorized representative of a member	
	Spences Jynes II	
	Signature of a member 6f authorized representative of a member	

• • •

Filing Fee: \$25.00