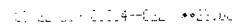
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporati	ons		
SUBJECT: D(15\frac{1}{2})	Name of Limit	ed Liability Company	J. U.C.
The enclosed Articles of Amend	Iment and fee(s) are subm	uitted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	JCVOX	Fernand Z Name of Person	
		Firm/Company	
_	14312	SW 181 Evia	
_	Micr	City/State and Zip Code	
_	DV15+100 i	Daint and Carpenty The used for future annual report notifi	@amail. Com.
For further information concern			•
Tonge ferrod Name of Perso	CZ	at (<u>786</u>) <u>359-8</u> Area Code Daytime	825 Telephone Number
Enclosed is a check for the follo	owing amount:		
S \$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 Section Division of Corpor P.O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wisting Pain- (Name of the Limited I)	iability Compan	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liabi		were filed on 582	2023	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e <u>limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		y Company," the designatio	n "LLC" or the abb	previation "L.L.C."
(Principal office address MUST BE A STREET A	(DDRESS)			2025
Enter new mailing address, if applicable:				13/1Y 22
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			T.
				5: 22
B. If amending the registered agent and/or regi		idress on our records,	enter the name	e of the new registered
Name of New Registered Agent:	Torge	Fernande	t	
New Registered Office Address:	14312	SW 181 +CV Enter Florida stree	VOLCE t address	
-	Mico	City	, Florida	33\77 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
AMBR	Jorge Fernandez	14312 Sw 181 EN. Mia Fl 3	35/72/10/
			□Remove
			□Change
MGR	Jorge Fernandez	14312 SW181 tr. MIa F13	3177 dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change
			🗆 Add
			□Remove
			🗀 Change

11 \P	ny other inform:	ation, enter cha	mge(s) here:	(Attach ada	itional sheets. AA +4	if necessary.	1
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an effective date o <mark>te:</mark> If the dat	if other than the e is listed, the date mu- te inserted in this b ective date on the E	ist be specific and c dock does not me	annot be prior to				
record specifie is filed.	es a delayed effectiv	ve date, but not a	n effective tin	ne, at 12:01 a.	n. on the earli	er of: (b) The	90th day after the
nted	17/202	3		_ •			
		•	Tyae	Frinc	ncleat	•	
e - -		Signature of a me	ember or author	ized representa	live of a member		
				/			
			\frown				

Filing Fee: \$25.00