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(Requestor's Name)
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(City/State/Zip/Phone #)
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TATAL TO STATE

R. HUNT 06/12/23

COVER LETTER

TO: Registration Se Division of Cor					
JORNEY I	43 LLC	•			
SUBJECT:	Name of Lim	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:			
	ALEXANDRU NAFTAN	ALIA			
		Name of Person	*		
		AH	<u> </u>	60 60 60	
	2350 NE 135 ST APT 408	OFirm/Company			· · · ·
		Address		• <i>-</i> :	1
	MIAMI FL 33181			PH 7: 12	C
	ALEX.NAFTANAILA@G	City/State and Zip Code MAIL.COM		TE 2	
		to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca	all:			
ALEXANDRU NAFTAI	NALIA	443 373-5326 at ()			
Name o	l'Person	Area Code Daytime	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)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	i
Mailing Addres		Street Address:			
Registration S Division of C		Registration Sec Division of Corp			
P.O. Box 632	-	The Centre of Ta			
Tallabaceaa I		2415 N. Monroe	Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{123000223326}{2}$.	were filed on 05/05/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
JOURNEY 143 LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		:
(Principal office address MUST BE A STREET ADDRESS)		200 PM
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 7: 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	y ·
	E.I.	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

JORNEY 143 LLC

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
			□Add
			□Remove
			□Change
	·		
			□Remove
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. Effective date, if other th	an the date of fili	05/05/2023 ng:		(opt	ional)	
Effective date, if other the (If an effective date is listed, the Note: If the date inserted in	date must be specific a	ind cannot be prior	to date of filing or me able statutory filing	re than 90 days aft	er filing.) Purs	uant to 605.01 10t be listed
document's effective date of	n the Department o	f State's records.		•		
the record specifies a delayed cord is filed.	effective date, but n	ot an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) The 90tl	n day after t
		2023				
Dated	<u></u>	_ `				