L23000268582

(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section

Division of Corporations			
EUDIECT. T.	l's Playhouse LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Antonio Josaphat	
		Name of Person	
		Firm/Company	
	44	99 Maple Chase Trail	
		Address	
		City/State and Zip Code	
		josaphat89@gmail.com	
For further informatio	n concerning this matter, please c	to be used for future annual report not: all:	ineation)
Sharicka Joseph		at (954) 802-6266 Area Code Daytin	,
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Con The Centre of The Centre	rporations
i anamasse		Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TJ's Playhouse LLC

	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L.23000268582		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Josaphat Enterprises, 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:	4499 Maple Chase Trail	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34758	202
		<u> </u>
Enter new mailing address, if applicable:	4499 Maple Chase Trail	M 71.
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34758	
		5: S
		<u> </u>
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 tl</u>	ie name of the new register
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	Enter Florida street address Flor	ida
	Flor	

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
<u>AMBR</u>	Antonio Josaphat	4499 Maple Chase Trail	∑ Add
		Kissimmee, FL 34758	□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			🗀 Add
			□Remove
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			□Remove
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			□Remove
			∏Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the da	e, if other than the date of filing:
e record specifi rd is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated June 7	. 2023
	AL.
	Signature of a member or authorized representative of a member
	Sharicka Joseph
	Sharicka Joseph Typed or printed name of signee