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(Re	equestor's Name)	
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(Do	ocument Number)	-
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		JSA.A1LC	·				
SUBJEC	JT; _	,	Name of Lim	nited Liability Com	pany		. ,
The encl	osed .	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	all correspond	dence concerning this matter	to the following:			
			Jennie Aurelus				
				Name of Pe	erson		
				Fiлn/Com	pany		
			3581 Invertary blvd west				
				Address	s		·
			Lauderhill, Fl 33319				
				City/State and 2	Zip Code		
			Jaurelus 143@gmail.com				.
For furth	er inf	formation cor	E-mail address: (ocerning this matter, please c	to be used for futu all:	ге аппил герогі	notification)	
Jennie A	Aureh	ıs		561 at (5038502		
		Name of F	Person	Area C	Code Day	vtime Telepho	one Number
Enclosed	l is a	check for the	following amount:				
■ \$25 .	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified (additional)			\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address:	etion		Street Address		
	-	istration Se sion of Co			Registration Division of (ons
	P.O.	Box 6327		•	The Centre o	of Tallahas	ssee
	Tall.	ahassee, FL	. 32314		2415 N. Moi	nroe Street	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

⊅S A.A LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L.23000268697</u>	y were filed on June 2, 2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
JSTAA LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new regist
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter r tonda street address	
	, Flori	ida
	Cin	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>	<u>Address</u>	Type of Action
<u>_</u>			□ Add
			□Remove
			☐ Change
			
			□ Change
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Rепюve
			□Change
			□Add
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated ₋	February 8 , 2004.
	Signature of a member or authorized representative of a member
	Jennie Am/elus Typed of printed name of signee