## 123000330728

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE
SEP 2 6 2023
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09/11/28--01018--003 \*\*25.00



## **COVER LETTER**

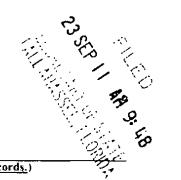
FO:

Registration Section
Division of Corporations

FRJRS LLG	C				
SUBJECT.	Name of Lin	ited Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAUL DE JESUS JR				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	FRJRS LLC				
	·	Firm/Company	<del></del>		
	1150 NW 72ND AVE TO	WER 1 STE 455 #11880			
Address					
	MIAMI, FL 33126				
		City/State and Zip Code			
	BOOKING@FRJENT.COM				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
RAUL DE JESUS JR		787 990-0041 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address:	action		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	•	The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FRJRS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

mpany were filed on $\frac{07/12}{}$	/2023	and assigned
_·		
ed liability company here	:	
ed Liability Company," the design	gnation "LLC" or the ab	breviation "L.L.C."
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	<del>-</del>	
office address on our reco	ords, <u>enter the nam</u>	e of the new registered
Enter Florida	street address	
	Florida	
		Zip Code
nplete performance of my ent as provided for in Cha	duties, and I am for opter 605, F.S. Or,	amiliar with and if this document is
If Changing Registered Agent,	Signature of New Reg	istered Agent
	ed liability company here ed Liability Company," the designation of th	office address on our records, enter the name

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> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE FRANKIE RUIZ JR	1150 NW 72ND AVE TOWER 1 STE 455 #11880	□Add
		MIAMI, FL 33126	= Remove
			□Change
AMBR	JOSE FRANKIE RUIZ	1150 NW 72ND AVE TOWER 1 STE 455 #11880	<b>=</b> Add
		MIAMI. FL 33126	□Remove
			□Change
			🗆 Add
			□Remove
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			□Change

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ective date, if other than the	data of filings	07/12/2023	(	i===1)
n effective date is listed, the date mus ote: If the date inserted in this blo cument's effective date on the Do	t be specific and cannot ock does not meet the	applicable statutor	g or more than 90 days afte	
ecord specifies a delayed effective is filed.	e date, but not an effe	ective time, at 12:01	a.m. on the earlier of: (	b) The 90th day after the
JULY 12.	2023	<u> </u>	-,	
ted				
ted	1///			
ted	Signature of a member	or authorized represer	ntative of a member	
ted	Signature of a member	or authorized represen	ntative of a member	

Filing Fee: \$25.00