# L23005349232

(Re	questor's Name)	•
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO: Registration S  Division of Co			
SURIECT:	JAMBALAIA	38 LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Jose Sic	VEIRA MARTINS	Ŝ
	JAMBALA	A i A 38 LLC Firm/Company	
	8749 TH	E ESPLANADE #	‡23
	ORUMUDO	City/State and Zip Code  US 1202 @ VAH OC  o be used for future annual report notif	
	JMARTIN E-mail address: (to	OS 1202 @ VAH OC o be used for future annual report notif	D. COM heation)
For further information	concerning this matter, please ca	11:	
JOSE MA- Nune	RTINS of Person	at ( <u>407</u> ) <u>670 - 6</u> Area Code Daytime	5954 e Telephone Number
Enclosed is a check for	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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMBAL				
(Name of the Limited (A	Liability Company Florida Limited Lia	y ay it now appears on a ability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LZ30003492</u>		vere filed on7	124/2023	and assigned
This amendment is submitted to amend the follow	ing:			FIL 2024 AUG 27 SECRETARY
A. If amending name, enter the new name of the	<u>ne limited liabil</u>	ity company here:		FIL 3 27 5 3 27
	N/A			ാര് ന
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designa	ation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicab			NIA	2 d
(Principal office address MUST BE A STREET).	ADDRESS)		·	
		, <del></del>		
Enter new mailing address, if applicable:			N/A	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
			-	
B. If amending the registered agent and/or reg agent and/or the new registered office address I	here:			
Name of New Registered Agent:	Jose	SILVEIRA THE ESPLA	MARTIN:	<u>S</u>
New Registered Office Address:	8749	THE ESPLA Enter Florida st	NADE reet address	#23
	ORIAN	O SO	Florida	32836 Zip Code
		City		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
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<u>ote:</u>	ve date, if other than the date of filing:
record is fil	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.
ated .	8 23 2024
	or yat
	Signature of a member or authorized representative of a member