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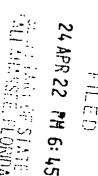
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
Miami 143,	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	ondence concerning this matter	to the following:	
	Li Joan Bacuti		
		Name of Person	
	JPNY Lucky LLC		
		Firm/Company	
	9473 SW 77th Ct		
		Address	
	Miami, FL 33156		
		City/State and Zip Code	
	operations@jecpneynyc.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Li Joan Baculi		786 210-6163	
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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 of Control of C	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hiami143			
(Name of the Limited Liability Compa (A Florida Limited L	ný as it now appea liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	8/8/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	TT (2 2
			4 4
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the ab	breviation "LZEC."
Enter new principal offices address, if applicable:		····	2 F
(Principal office address MUST BE A STREET ADDRESS)			
	0472 034 77.1	0	Dr. 5
Enter new mailing address, if applicable:	9473 SW 77th Miami, FL 331		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 331		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our 1	records, enter the nam	e of the new registered
New Registered Office Address:		 	
	Enier rio	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and I am j Chapter 605, F.S. Or,	familiar with and if this document is
If Chan	ging Registered A	gent, Signature of New Re	gistered 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
MGR JPN MGMT, LLC	143 NW 23 St.		
		Miami, FL 33127	≣Remove
			☐ Change
			⊡Add
			□Remove
			□Change
		 	□Add
			Remove
			
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dateo	
	Signature of a member or authorized representative of a member
	Li Joan Baculi

Filing Fee: \$25.00

Typed or printed name of signee