L23000378243

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Sec Division of Corp		. ¥ .		o ·
SUBJECT: <u>JS C</u>	onsulting a Name of Limi	Project Hana	gement SWF	LLU
	Amendment and fee(s) are subtendence concerning this matter to	_		
,	Jill Sza			
	JS Consul	HING & Project	management	SWF L.L.
	19431 Elst	TON Way		
	Estero F West Bear E-mail address: (t	City/State and Zip Code Code SS Code Code	UChoo.com	
For further information ec	oncerning this matter, please ca	all:		
Jill Szg	Flarski	at (716) 316 Area Code Daytime	-9571 e Telephone Number	
Enclosed is a check for th	e 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) 	ì
Mailing Address	s:	Street Address		

TO:

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

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

The Articles of Organization for this Limited Liability Company were filed on 8)11 Florida document number L23000378 243 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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>	Name	Address	Type of Action
CEO	Jin Szaflarski	19431 Elston Way Estero FL 33928	X \dd
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			□Change
			□Add
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	7.	
ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or tee: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Purs	
cument's effective date on the Department of State's records.	ng requirements, this date with	not be fisted as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90t	h day after the
ted 8/23/23.		
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Signature of a member or authorized representative	/e of a member	