

L23 000 409 253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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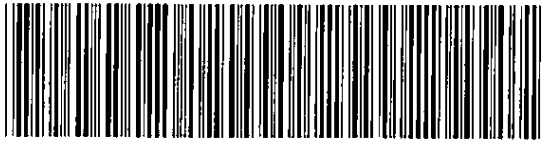
(Business Entity Name)

(Document Number)

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Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJI Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Parris

Name of Person

N/A

Firm/Company

2880 S Hopkins Ave

Address

Titusville, FL 32780

City/State and Zip Code

KatieParris@ControlsOnDemand.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Parris

321

431-2137

at (_____) _____

Name of Person

Area Code

Daytime 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JJI INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/31/2023 and assigned
Florida document number L23000409253.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2880 S Hopkins Ave

Titusville, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2880 S Hopkins Ave

Titusville, FL 32780

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:

Kathryn Parris

New Registered Office Address:

2880 S Hopkins Ave

Enter Florida street address

Titusville

City

Florida 32780

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>	<u>Type of Action</u>
AMBR	Justin T Parris	3535 Melrose Ave	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Thomas	548 Macon Drive	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathryn A Parris	3535 Melrose Ave	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Controls On Demand, LLC	3834 S Hopkins Ave	<input type="checkbox"/> Add
		Titusville, FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 2

2024

Signature of a member or authorized representative of a member

~~Joshua Thomas~~

Typed or printed name of signee