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A. RIVERS

OCT 14 2023



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COVER LETTER

TO: Registration Sect Division of Corpo	orations		
SUBJECT: JF	Name of Limit	ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subm	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Yen:	Sanchez Name of Person	
		Firm/Company	
	2210	NE 34th C-1	
	Lighthou	se Point FL	33064
	E-mail address: (1	City/State and Zip Code Caltorservices to be used for future annual report notified	sagnail, com
For further information co	ncerning this matter, please ca	all:	
Name of	Sanchez Person	at (501) 302 - Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	tion

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

	perties, LLC
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fillorida document number <u>L23000 4 16 310</u> .	ed on 900003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Cin	Zin 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 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	<u>Address</u>	Type of Action
AMBR	Tina Gizienski	560 Baird ford Road	XAdd
		Gibsonia, PA 15044	🗀 Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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			Remove
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i effe <u>te:</u>	ve date, if other than the date of filing:
s file	
ed _	September 21st. 2023.
	Signature of a member or authorized representative of a member