L23000457151

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TO:	Registration Secti Division of Corpo		· ·	and the second	•	•
SUBJI	ECT:		L C ted Liability Company			
The en	closed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
		Po	Name of Person	stro		
			Firm/Company			
		14698	Olde Mill	pond C	7+	
		Fort	City/State and Zip Code	FL 33	3908	
		Paulajo C E-mail address: (1	astro a grant no be used for future amual report no	nail. Com	2023 OC	NOISIAIO
For fu	ther information con	cerning this matter, please ca	all:		 -	. 77.7
	Paula Name of P	<u>Castro</u>	at (720) 20 Area Code Dayti	me Telephone Number	8 PH 12: 40	
Enclos	sed 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 Filin Certificate of Certified Co (additional co)	of Status & opy	

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

PJC LLC

company has been notified in writing of this change.

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000457</u> 15	were filed on $0ct.3,2023$	_ and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab PJC Todustries The new name must be distinguishable and contain the words "Limited Liab		viation "L.L.C.	<u></u>
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)		 	<u> </u>
		13	మేస్. అంట్ల
		8	52.
E. A		P	경독단
Enter new mailing address, if applicable:	/		
(Mailing address MAY BE A POST OFFICE BOX)		6	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of	of the new re	gistered
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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

	d from our records:		
MGR = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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