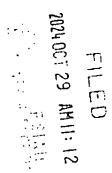


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(Document Number)
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10/29/24--01037--001 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: North Florida Ninjas, 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:				
Ronda June Garcia				
Londa June Garcia				
FTG & Company, LLC				
• •				
7510 Founders Way				
Pente Vedra Bench, FL 32082 City/State and Zip Code rondaj garcia @gmail. com E-mail address: (no be used for future annual apport notification)				
City/State and Zip Code				
Formal address: 40 be used for future annual report notification)				
For further information concerning this matter, please call:				
Ronde Garcia at (904, 521-708) Name of Person Area Code Daytime Telephone Number				
Hame of Farming				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\times \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$				
Mailing Address: Street Address:				
Registration Section Registration Section Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

	ILLU
North Florida	Ninjas LL C2024 OCT 29 AM 11:12
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	10111111111111111111111111111111111111
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L23000474</u>	
This amendment is submitted to amend the following:	
A.) If amending name, enter the new name of the limited liab	ility company here:
RJG & Company, L	-L-C
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	N 1 / A
(Principal office address MUST BE A STREET ADDRESS)	NA
(Timesyal Office address Proof Inditional Thronton	
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
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 the new registered
	address on our records, enter the name of the new registered
	address on our records, enter the name of the new registered
Name of New Registered Agent:	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	Address on our records, enter the name of the new registered Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	NA
Name of New Registered Agent:	Enter Florida street address Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	Enter Florida street address Florida City Zip Code ee to act in this capacity. I further agree to comply with the
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	Enter Florida street address Florida City Zip Code ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as provisions of the proper and complete accept the obligations of my position as registered agent as provisions.	Enter Florida street address Florida City Zip Code ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	Enter Florida street address Florida City Zip Code ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
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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

Title.	Name	Address	Type of Action
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u>.</u>		
			□Remove
			□ Change

· F	for davification, registered
$\overrightarrow{\mathcal{O}}$	egent is Ronda J. Garcin. This
F	orm is submitted to change
+	he name of my company from
$\overline{}$	Jorth Florida Ninias, LLC to
(2
<u></u> [
<u> </u>	
	activity of the second of the
	or concerns! (9049521-1081.
-	
Effection d	10/28/24
(If an effective	late, if other than the date of filing:
document's	s effective date on the Department of State's records.
he record spo	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	0 28 24
	DOMANIA
-	Signature of a member or authorized representative of a member
	Ronda J. Garcia
-	Typed or printed name of signee

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