L23 000 484 816

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	(Address)
ı	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
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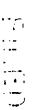
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FJm Remode ina LLC Name of Limited Liabitity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Daniel Mgia Castro Name of Person
Firm/Company
205 mailer St nw apty
Forwalton brach fl 32548 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Mejia at (850) 374 0835 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address: 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

(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 Compan Florida document number <u>L 23 000 48 4816</u>	by were filed on $10 - 2$	3 - 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2025
(Principal office address MUST BE A STREET ADDRESS)		NOV 8202
		<u> </u>
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		_ Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree

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>	<u>Name</u>	Address	Type of Action
AMBR	Jun Daniel Nejia Castio	205 mailer st nw for wolfon beach Fl 325.	□Add
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sote: If the da	e, if other than the te is listed, the date mu ate inserted in this b fective date on the D	lock does not meet	the applicable sta	of filing or more than tutory filing requi	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.02 Il not be listed
record specifi I is filed.	es a delayed effectiv	e date, but not an e	effective time, at	12:01 a.m. on the o	earlier of: (b) The 9	Oth day after th
ated	20/202	3	·			
_	Jones	Signature of a mem	ber or authorized re	Ca.5 d	Y D	
				e C		

Filing Fee: \$25.00