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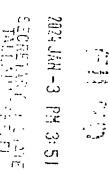
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Janzen Hole SUBJECT:	dings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael L Janzen		
		Name of Person	
	Janzen Holdings LLC		
		Firm/Company	2024 T024
	127 Whirlaway Ct.		ALL SELECTION OF THE SE
		Address	
	Saint Johns, FL 32259		2024 JAH -3 PH 3: 5
		City/State and Zip Code	7: 5
	m3cjanzen@gmail.com		in
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please of	all:	
Michael Janzen		316 737-2568 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
i dirdirdosco,		211011110111	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Janzen Holdings , LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/27/2023	and assigned
Florida document number 1.23000491847		
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	oility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		超光小
		一种
Enter new mailing address, if applicable:		المراجع المسترات
Mailing address MAY BE A POST OFFICE BOX)		
Multing dualess MAT DE AT (31 OT TICE DOA)		राष्ट्र स
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
. <u>-</u>	Enter Florida street addr	52 2
,,		Florida
	Cin	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 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
MGR	Carolyn M Janzen	127 Whirlaway Ct.	
		Saint Johns, FL 32259 US	■Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change
			Remove
			PA GChange
			□Add
			□Change
			□ Add
			□Rетюче
			□Change
			□Remove
			□Change

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	(optional) lays after filing.) Pursuant to 6 ents. this date will not be li	
	er of: (b) The 90th day af	fter th
December 20 Muchael Faufin Signature of a mornber or authorized representative of a member of a memb		
Signature of a mornber or authorized representative of a member		