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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/29/2024				
Name:	Patrice Rush				
	2446922				
		JANSTEFAN LLC			
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Signature:	(Prestollar				

Docusign Envelope ID: 9A44B2CF-4625-4C8D-BEA1-7D669FF1FB82

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JANSTEFAN LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Florida document number <u>L23000514379</u>	Liability Company were filed on _	November 15, 2023	and assigned
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	CET ADDRESS)	. <u></u>	****
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inter new mailing address, if applicable:			<u> </u>
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Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
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 If amending the registered agent and/or gent and/or the new registered office addr 		records, enter the name	of the new regist
gen unasor the new registered office addr	ess nere.		
Name of New Registered Agent:	Cogency Global Inc.		
New Registered Office Address:	115 N Calhoun Street, Suite 4		
	Enter F	lorida street address	
	Tallahassee	, Florida _ ³²³⁰	01
	City	,	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 Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 9A44B2CF-4625-4C8D-BEA1-7D669FF1FB82 it amending Authorized rerson(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
VP	Martha Rosende	600 Brickell Ave	≡ Add
		Suite 2950	□Remove
		Miami, FL 33131	
VP	Andrea Nebot Marsol	600 Brickell Ave	
		Suite 2950	□Remove
		Miami, FL 33131	
			□Add
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ffective date	e, if other than the date	of filing:		(optional)	
an effective da	te is listed, the date must be spate inserted in this block d	pecific and cannot be prior to	date of filing or more	han 90 days after filing.) Pu	ursuant to 605,020
ocument's eff	ective date on the Departr	nent of State's records.	he statutory timing re	quirements, mis date wit	ii not oc listed a
record specifi is filed.	es a delayed effective date	e, but not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
	July 25	2024			
ated _		DocuSigned by:	-		
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ated		Alfonso Nho			

Filing Fee: \$25.00