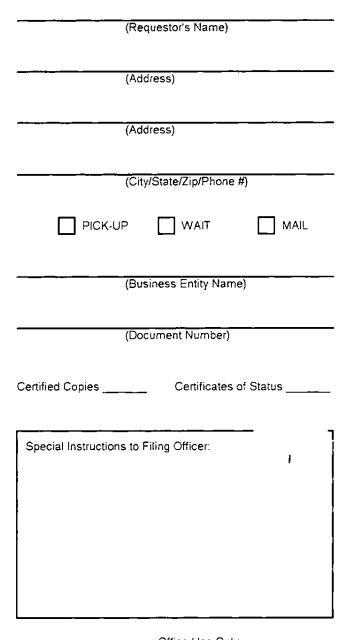
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11/27/23--01042--006 **25.00

COVER LETTER

TO: Registration S Division of Co			
AJE LLC SUBJECT:			
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brian C. Perlin		
		Name of Person	
	Perlin Estate Planning & F	Probate	
		Firm/Company	
	201 Alhambra Circle, Suit	e 503	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	info@perlinestateplanning.	com to be used for future annual report notif	
For further information	concerning this matter, please c		icanon)
Brian C. Perlin		305 443-3104	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>:ss:</u>	Street Address:	
Registration	Section	Registration Sec	
Division of Corporations		Division of Corr	acratione

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) nited Liability Company)	
pany were filed on November 14, 2023	and assigned
liability company here:	
I lability Company," the designation "LLC" or the	abbreviation "L.L.C."
<u> </u>	
	2
	(.)
fice address on our records, <u>enter the na</u>	me of the new register
Enter Florida street address	<u>.</u>
. Florida	
City	Zip Code
	Itability company here: Itability Company," the designation "LLC" or the specific address on our records, enter the national enter Florida street address Enter Florida street address Florida

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

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	<u>Name</u>	Address	Type of Action
AMBR	Acelia Hernandez Trust Agreement	201 Alhambra Circle, Suite 503	■Add
		Coral Gables, FL 33134	
			□ Change
AMBR	A. Hernandez Fam Trust FBO Jenn	201 Alhambra Circle, Suite 503	≣Add
		Coral Cables, FL 53134	□Remove
			⊟Change
AMBR	A. Hernandez Fam Trust FBO Eile	201 Alhambra Circle, Suite 503	≘ Add
		Coral Gables, FL 33134	□Remove
			[] Change
MGR	Herean Holdings LLC	201 Alhambra Circle, Suite 503	Add
		Coral Gables, FL 33134	■Remove
			CChange
		<u> </u>	□Add
			☐ Remove
			D'Change
			□Add
			□Remove
			∐Change

Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fied.
Dated	November 20 2023
	Signature of a member or authorized representative of a member
	Brian C. Perlin

Filing Fee: \$25.00