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TO:	Registration S Division of Co			
CHB IEA		EAN SPROUTS LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all corresp	ondence concerning this matter	to the following:	
		ASHER JACOBS		
			Name of Person	·
		Little Bean Sprouts LLC	Name of Limited Liability Company Id fee(s) are submitted for filing. Ining this matter to the following: IACOBS Name of Person Sprouts LLC Firm/Company IPS HILL ROAD, SUITE 1A Address V, NY, 10956 City/State and Zip Code N@GMAIL.COM E-mail address: (to be used for future annual report notification) matter, please call: 1718 Area Code Daytime Telephone Number Inount: Iting Fee & S55.00 Filing Fee & Certificate of Status & Certificd Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
			Firm/Company	-
		180 PHILLIPS HILL ROA	AD, SUITE IA	
			Address	
		NEW CITY, NY, 10956		
		DOVIKOHN@GMAIL.CO		
		E-mail address: (to be used for future annual report not	fication)
For furth	er information of	concerning this matter, please c	all:	
BRIAN	KOHN			
	Division of Corporations LITTLE BEAN SPROUTS 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: ASHER JACOBS Name of Person Little Bean Sprouts LLC Firm/Company 180 PHILLIPS HILL ROAD, SUITE 1A Address NEW CITY, NY, 10956 City/State and Zip Code DOVIKOHN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRIAN KOHN Name of Person Name of Person T18 483-5093 Area Code Daytime Telephone Number Sinclosed is a check for the following amount: Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	e Telephone Number		
Enclosed	d is a check for t	he following amount:		
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of O P.O. Box 632	Section Corporations 27	Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability	Company as it now appears on our re imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor. Florida document number		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	ed liability company here:	
BLUE JAY DAYTONA REALTY LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
	 	207
Enter new mailing address, if applicable:		Name of the state
(Mailing address MAY BE A POST OFFICE BOX)	1	σ· ;
		PH
		2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ddress
		, Florida
	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

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
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an effe ote:	ective date is listed, the d If the date inserted in ent's effective date on	ate must be spec this block doe	ific and cannot be not meet the	e prior to date of applicable statu	filing or more than	90 days after fili	ng.) Pursuant to 60	
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ited_	06/10/2024		,	<u> </u>				
	_ Oll		2					
		Signatu	re of a member of	or authorized repr	esentative of a me	mber		

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L23000523717 FILED 8:00 AM November 21, 2023 Sec. Of State dsultana

Article I

The name of the Limited Liability Company is: LITTLE BEAN SPROUTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

180 PHILLIPS HILL RD SUITE 1A NEW CITY, NY, US 10956

The mailing address of the Limited Liability Company is:

180 PHILLIPS HILL RD SUITE 1A NEW CITY, NY. US 10956

Article III

The name and Florida street address of the registered agent is:

BRIAN KOHN 6551 ARGYLE FOREST BLVD JACKSONVILLE, FL. 32244

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIAN KOHN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AR BRIAN KOHN 180 PHILLIPS HILL RD, SUITE 1A NEW CITY, NY. 10956 US

Title: AR ASHER JACOBS 180 PHILLIPS HILL RD, SUITE 1A NEW CITY, NY. 10956 US

Signature of member or an authorized representative

Electronic Signature: BRIAN KOHN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L23000523717 FILED 8:00 AM November 21, 2023 Sec. Of State dsultana