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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
JEJU L.L.C	;		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUNGSAR MAKUMGA	NG	
		Name of Person	
	JEJU L.L.C		
		Firm/Company	
	2119 RONALD LANE		
		Address	
	JACKSONVILLE, FL 322	216	
		City/State and Zip Code	
	aungmy1979@gmail.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	ан:	
GUNGSAR MAKUMG	ANG	904 402-6864 at ()	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C		Division of C	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2410 IN. IVIONI	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEJU L.L.C			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I clorida document number L24000002181	Liability Company were filed on 12	/26/2023	and assigned
his amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and/or igent and/or the new registered office addr	0	ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	GUNGSAR MAKUMGANG		
New Registered Office Address:	2119 RONALD LANE		ζ,
	Enter Flo	rida street address	
_	JACKSONVILLE	, Florida ³²²	16
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUNGSAR MAKUMGANG	2119 RONALD LANE	□Add
		JACKSONVILLE, FL 32216	□Remove
			≘ Change
			□ Remove
		<u></u> .	□Change
			□Add
			□Remove
			Change
.			
		☐ Remove	
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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*MGR name was mispelled w	hen initially filing. Corrected abo	ove.	

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		<u>-</u>	
fective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to dat ck does not meet the applicable s	(optional) c of filing or more than 90 days after filing statutory filing requirements, this date	.) Pursuant to 605.020
record specifies a delayed The 90th day after the reco		effective time, at 12:01 a.m.	on the earlier o
The soulday after the rect	ora is filea.		C. ·
January 16	2024		

Typed or printed name of signee