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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THJJ, 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:
LUIS HERNANDEZ Name of Person
IMJJ, LLC
Firm/Company
3255 NW 94th Quence
3255 NW 94th Querue Address Coral Springs, Florida 33075 City/State and Zin Jode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jm IJ Manuel Corpe yahoo at (954) 5760-3033. Name of Person Com Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMJJ, LLC	2024 ## T
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000010654</u>	were filed on 01/03/2024 and and assigned 5
This amendment is submitted to amend the following:	A -
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	5033 NW 104th Querne
(Principal office address MUST BE A STREET ADDRESS)	CORal Springs, Florion
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Luis	HERnandez.
New Registered Office Address: 3255,	NW 944 Quenul Enter Florida street address
Coeal 3	Orings Florida 33075 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 Title Name Address Type of Action MARIA HERNANDEZ Iliana Hernandez _____ □Change Tresurer RADDY BElliard 3255 NW944 Quenue Xadd Copalsprings 710RIDA BREMOVE SECRETARY RAMON VARGAS 3255 NW 94th QUENUE XADD 33015
COROLSprings, Florida - Remove □ Change PRESIDENT LUIS HEINANDEZ 3255 NW 944h Querue Xadd
Coral Springs Florish Bremove _____ □Change ______ 🗀 Add ____ □Remove _____ □Change

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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor	I 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 ed.
Dated	MAY 15th 2024
	MARIA Hernandez Signature of a member or authorized representative of a member
	Typed or printed name of signee ()

Filing Fee: \$25.00