## LZ40000Z1769

(Req	uestor's Name)	
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☐ PICK-UP	☐ WAIT	☐ MAIL
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## COVER LETTER

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TO: Registration So Division of Con		-	
J.ROJAS I SUBJECT:			
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sul	aminat for Clini	
	ondence concerning this matter		
	JENIFFER ROJAS GON	ZALEZ	
		Name of Person	
		Firm/Company	
	8414 N 47TH ST	7 min Company	
	-	Address	
	TAMPA, FL 33617		
	jenifferrojasrealtor@gmail.	City/State and Zip Code com	
	E-mail address:	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JENIFFER ROJAS GO	NZALEZ	225 2780821	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	
Division of C	orporations	Registration Se Division of Co	
P.O. Box 632	7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 AUG 7 PH 5: 43

J.ROJAS LLC			<i>;</i> . =
(Name of the Limited L (A F	iability Compa lorida Limited l	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liabil lorida document number <u>L24000021769</u>		were filed on 01/09/2024	and assigned
his amendment is submitted to amend the followir	ng:		
. If amending name, enter the new name of the	limited liab	ility company here:	
eniffer Rojas Gonzalez LLC			
ne new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET ADDRESS)		8414 N 47TH ST	
		TAMPA, FL 33617	
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BO	<u>v)</u>		
<ol> <li>If amending the registered agent and/or regis gent and/or the new registered office address he</li> </ol>	stered office : ere:	address on our records, <u>enter the nan</u>	<u>ie of the new regist</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	√A		
		Enter Florida street address	
_		, Florida	
		City	Zin 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

<u>Title</u>	Name	Address	Type of Action
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ffective	date, if other than the date of filing:  07/25/2024  (option we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ıal)
ote: 11	ne date inserted in this block does not meet the applicable statutory filing requirements, this c	date will not be listed :
ocument	's effective date on the Department of State's records.	
is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
ated		· .
		ALT 13
	VerillesD	
	- C	
	Signature of niember of authorized representative of a member	