## L24000044368

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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

TO:	Registration Se Division of Cor		a e v	· · · · · · · · · · · · · · · · · · ·
CUDI	m et met	ERTIES 2, LLC		. , ,
SUBJECT: Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SHANNON TAYLOR		
			Name of Person	A. A A A A A A A A
		JST PROPERTIES 2. LLC	;	
			Firm/Company	
		11703 Harborside Cir		
			Address	
		Largo, FL 33773		
			City/State and Zip Code	<del></del>
		shanjustin00@gmail.com E-mail address: (	to be used for future annual report not	fication)
For fu	ther information co	oncerning this matter, please ca	all:	
John N	lelson		386 256-8537	
	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JST PROPERTIES 2, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 23, 2024	and assigned
lorida document number L24000044368		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		121
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the n</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Floraid Street address	
	, 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 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
AMBR	Taylor, Justin	11703 Harborside Circle	□Add
		Largo, FL 33773	≅Remove
			□Change
<del></del>			
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			☐Add
			Remove
			□ Change

•	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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io acere, at a alla.	- if all and a - also date of Clings
(If an effective da <u>Note:</u> If the d	e, if other than the date of filing:
f the record specifecord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	byil 5, 2024.
	Signature of a member or authorized representative of a member
Sha	annon E. Taylor

Typed or printed name of signee