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COVER LETTER

*TO: Registration So Division of Cor				
RJJ & Con	ipany, LLC			
SUBJECT:	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rita M Arturi			
	-	Name of Person		
	RJJ & Company, LLC			
	Firm/Company			
	1315 Borden Ct			
	 	Address		
	Valrico, FL 33594			
	rarturi67(a)gmail.com	City/State and Zip Code		
	E-mail address: ((to be used for future annual report notification)		
For further information c	oncerning this matter, please c	rall:		
Rita M. Arturi		727 642-5155		
Name o	t Person	Area Code Daytime 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 & ☐ \$60,00 Filing Rec, ☐ Certified Copy Certificate of Status ☐ Certified Copy is enclosed) Certified Copy is enclosed.	77	
Mailing Addres	<u>:8:</u>	Street Address: Registration Section Division of Corporations		
Registration Section		Registration Section FATT		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, l		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJJ & Company, LLC			
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L24000093819		/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company hero	<u>;</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our rec	ords, <u>enter the nam</u>	e of the new registered
	Enter Floride	a street address	
	/*·-	Zip Code	
New Registered Agent's Signature, if changing Registered	City		Zip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this ca implete performance of m cnt as provided for in Ch	y duties, and I am for apter 605, F.S. Our confirm that the lim	diffilia with and if this flocument is nited by ilin PR
	The state of the s		E 6

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Rita M. Arturi	1315 Borden Ct, Valrico, FL 33594	_ ≣Add
			_ □Remove
			_ □Change
			_ □Add
		.	_ □Remove
			_ □Change
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ffective date, if other than the an effective date is listed, the date must			e of filing or more th:	(option in 90 days after fi		uant to 66	05.0207 :
ote: If the date inserted in this blo ocument's effective date on the De			statutory filing requ	iirements, this c	late will r	not be lis	sted as
record specifies a delayed effective is filed.	e date, but not an	effective time, a	t 12:01 a.m. on the	earlier of: (b)	The 90th	h đay afi	ler the
March 5	· .	2024			SECI	2024 HAR	
10/10	1100	Ture.			77 T	热	[]
tile	Signature of a mer	nber or authorized	representative of a n	nember			1240 4 0 244 22
Rita M. Arturi	\				VSSEE'	Hq	