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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	RJSR	LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Robe	-t Radinguez.	
		R	JSR LLC Firm/Company	
		8335 SW 72.	Address	>
	_	Miami, F	Torida 33143 City/State and Zip Code	
			oza@amail.co/	
For fur	rther information c	oncerning this matter, please ca	all:	2024 SEC
	Robert Name o	f Person	at (520) (219 - Area Code Daytime	Telephone Number PH
Enclos	sed is a check for th	ne following amount:		
x (\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee; Concertificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Sec	
	Division of C P.O. Box 632		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32305

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJSP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/2/e/a	2024 and assigned
This amendment is submitted to amend the following:		
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 Links	hity Company," the designation "LLC" or	the abbreviation "L.1.C."
Enter new principal offices address, if applicable:	# IRO	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
R. If amonding the registered agent and/or registered office	address on our records enter the	SEC 24
agent and/or the new registered office address here:	address on our records, enter the	The sea of the new texisters
Name of New Registered Agent:		- P
New Registered Office Address:	liability company here: Second	- 302 - U
New Registered Office Address.	Enter Florida street address	rr; 00
	. Floric	la
		Zıp 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	Robert Rodriguez	8335 SW 72nd Ave Apt	314D XAdd
		Miami, Florida	□Remove
		33143	□Change
			□Add
			□Remove
			□Change
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<u>ote:</u> If ti	e date inserted in this i	block does not r	meet the applica	ble statutory filing	is tedinitements" (yi	s date will not be listed
cument'	s effective date on the	Department of S	State's records.			
record sp is filed.	ecifies a delayed effecti	ive date, but not	t an effective tir	ne, at 12.01 a.m.	on the earlier of: (b) The 90th day after the
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	March 5					
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