L24000132935

(Requestor's Name)
(Address)
(last see,
(Address)
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, , , , ,
PICK-UP WAIT MAIL
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(,,
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04/16/24--01041--024 **25.00

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cou		•	a.
SUBJECT: E.J	e G Enterpr	roe L.L.C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terrelle Gira	Name of Person Professional Service Name of Person Firm/Company	Services. L.L.C
		1 mis company	
	60 C0570	Address	
		iami Pl. 33130 City/State and Zip Code	
	Learen 36	to be used for future annual report noti	lication)
For further information of	concerning this matter, please ca	all:	
Gira (taron Name o	othe of Person	at (<u>@\3</u>) 335 Area Code Daytime	8710 e Telephone Number
Enclosed is a check for t	he 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 Address Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E. Jet ten	HLLDrise			
(<u>Name of the Limited</u>	<u>i Liability Compai</u> A Florida Limited L	ny as it now appears on cliability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>03</u> -	-/18/2024	_ and assigned
Florida document number <u>L2400013</u>			· / · · ·	_
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designa	ttion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			• '
				
				· · ·
Enter new mailing address, if applicable:				* 1
(Mailing address MAY BE A POST OFFICE B	OX)			•.
				÷
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our record	is, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	rect 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 Changing Registered Agent, Signature of New Registered Agent

. 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
mbe	Jose Altimeaux	Lehigh access 33973 Erida Altimeaux	_DAdd
		Erida Altimeaux	Remove
			Change
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effective date is list: If the date ins	ther than the date of the date of the date must be specificated in this block does at the date on the Department	ic and cannot be prior not meet the applic	r to date of filing or m cable statutory filin		ling.) Pursuant to 605.02
ord specifies a c filed.	elayed effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d <u>OU-10</u>	-2024		-· (1 <-	
_	Signature	of a member or auth	ofized pepresentative		