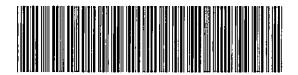
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(Requestor's Name)
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COVER LETTER

Div	ision of Cor	porations			
CUDICAT.	MTJOY LL	.c			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Keith Mountjoy			
			Name of Person		
		MTJOY LLC			
			Firm/Company		
		11717 Castine Street			
			Address		
		New Port Richey, FL 3465	4		
			City/State and Zip Code		
		kmtjoy78@gmail.com	to be used for future annual report notifier	ution)	2
For further in	nformation c	oncerning this matter, please co			PI APR
Keith Moun	tjoy		813 727-5417 at ()		高。
	Name o	f Person	Area Code Daytime T	elephone Number	2021 APR 16 PH 3: 35 SECRETARY CESTATE
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Re	iling Addres gistration S	Section	Street Address: Registration Secti		
Div	zision of C	orporations	Division of Corpo	rations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYJOY LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our litted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{03/25/2024}{}$	and assigned	i
lorida document number L24000145560			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	<u></u>	
		2024 APR SECREI	—
nter new mailing address, if applicable:			<u>n.a</u>
Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>	. =
		<u> </u>	· .
		<u> </u>	,
If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, g	enter the name of the new reg	<u>istere</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 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
AMBR	Keith Mountjoy	11717 Castine Street. New Port Richey FL 34654	= A d d
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the our offective date is listed, the date must	late of filing: be specific and cann	ot be prior to dat	e of filing or more	(option		10 605.020
(ote: If the date inserted in this blo ocument's effective date on the De			tatutory filing re	equirements, this	date will not	be listed as
	date, but not an e	ffective time, a	t 12:01 a.m. on	the earlier of: (b)) The 90th da	y after the
l is filed.	20)24				
l is filed.		<u> </u>				
record specifies a delayed effective d is filed. Pated April 12th	Mb =		representative of			

Filing Fee: \$25.00