

## Florida Department of State Dissippo Comontions

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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JENNIFER TORRES HOTSHOTS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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APR 25 2024 K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jennifer Torres Hotshots L.L.C.		
(Name of the Limited L (A F	Liability Company as it now appears on our records.) Honda Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L24000160260</u>	lity Company were filed on 04/03/24	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:		2024 NFR 2
_	, Florid:	aZip Gode
New Registered Agent's Signature, if changing Regi	istered 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.

4/24/2024 13:03:56 PDT

To: 18506176383

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Fax: 8134365206

## 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	Torres, Orlando	11591 Alta Circle East	
		Jacksonville Florida 32226	□Remove
		_	☐ Change
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			□Remove
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		***************************************	□Remove
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4/24/2024 13:03:56 PDT + Tc: 18506176383 Page: 4/4 Fax: 8134365206

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nist he specific and cannot be prior t block does not meet the applica	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
record specifies a delayed effect is filed.	ive date, but not an effective tin	ne, at 12:01 a.m. on the ca	rlier of: (b) The 90th day after the
	0004		
Dated April 24th	. 2024	<del>_</del> '	