L24000170438

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COVER LETTER

	egistration Serivision of Con				
SUBJECT	GJX LLC				
SUBJECT	Name of Limited Liability Company				
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		MICHELLE SCALA			
			Name of Person		
		GJX LLC			
			Firm/Company		
		10430 NW 18TH PLACE			
			Address	· ····	
		PEMBROKE PINES			
			City/State and Zip Code		
		INFO@GJXLLC.COM			
		E-mail address: (to be used for future annual report noti	fication)	
For further	information co	oncerning this matter, please ca	ali:		
MICHELI	E SCALA		954 548-1598 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	s a check for th	c following amount:			
\$25.00	Filing Fcc	☐ \$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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GJX LLC	2023	ий. 30 <i>г</i> .н 5: 53
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number 1.24000170438	y Company were filed on 4/10/2024	and assigned
This amendment is submitted to amend the following	j;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		 -
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> <u>e</u> :	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Floric	la

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
MGR	GREG SCALA	10430 NW 18TH PLACE	≣ Add
		PEMBROKE PINES, FL 33026	□Remove
			□Change
			□ Add
			□ Remove
			□Add
			□Remove
			□Change
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			Change
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Note: II	e date, if other that ive date is listed, the date inserted in the date inserted in this effective date on	this block does	not meet the a	pplicable statu	2024 filing or more than tory filing requi	(optional 90 days after filin rements, this dat) g.) Pursuant to 605.0 e will not be listed)207 d as (
record s	specifies a delayed e	ffective date, bu	t-not an effect	ive time, at 12	:01 a.m. on the o	earlier of: (b) 7	The 90th day after f	the
Dated	II.Y 24		2024					
			$\overline{}$					
		Signatur	ny		esentative of a me	<u></u>		
		ывпаше	or a member or	anunorized repr	esentative of a me	moca.		