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K. SALY

JAN 15 2025

#### **COVER LETTER**

TO:	Registration Se Division of Cor			(((H25000011974 3)))
			EE - SI LLC	
SUBJE	CCT:	Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		<u> </u>
		efile1234@incfile.com	City/State and Zip Code	
For furt	her information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ilication)
	FTE DOBSON	wile of the state of the state of	1 (888) 462-3-	453
		f Person	at ()	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
₩ \$2:	5.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H250000]1974 3))

J LEE - S	SI LLC		ا د میکرسنزی	۲ ۱	سهي ۱
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our	records.)		700	•
(11 Florida Elimica E	induity Company)			جي	
The Articles of Organization for this Limited Liability Company	were filed on 04/18/2024		and assi	igned -	
Florida document number 1.24000182718				<i>;</i> ;	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	ı "LLC" or the abbi	reviation "L.!		
	, , , , , , , , , , , , , , , , , , , ,				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	<del></del>			
		<u>.                                    </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name	of the new	registere	ed
agent and/or the new registered office address here:					
Name of New Registered Agent:					
Name Paralament Office Address					
New Registered Office Address:	Enter Florida street	address			
	29				
<del></del> -	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•				
	to aut in this agragit	. I Guuthan aana	o to come	la miele ele	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete					15
accept the obligations of my position as registered agent as p	rovided for in Chapter	605, F.S. Or. if	<sup>e</sup> this docu	ment is	
being filed to merely reflect a change in the registered office	address, I hereby confi	rm that the limi	ted liabilit	$\mathcal{Y}$	
company has been notified in writing of this change.					

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If Changing Registered Agent, Signature of New Registered Agent

1/13/2025 21:21:07·CST Page, 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

# (((H25000011974 3)))

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	Address	Type of Action
AMBR	Teya Lee	17302 Nw 6th Ct	□Add
		Pembroke Pines, FL 33029	Remove
			Change
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n effective date is listed, the dat	e must be specific a	ind cannot be prior to	date of filing or mo	ore than 90 days a	efter tiling ) Pursuant	to 605.0207 (3)(t
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cord specifies a delayed eff	ective date, but n	ot an effective time	, at 12:01 a.m. o	n the earlier of:	: (b) The 90th day	/ after the
s filed.	• •				•	
JANUARY 10	•	2025				
ed		- `	•			
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<u>.</u>	Signature of	3 meryber of authorize	ell epresentative of	of a member		_

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