

L24000187034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

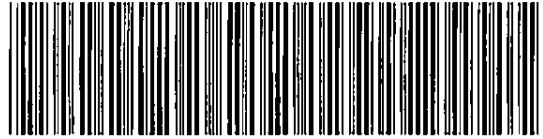
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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JSAN 2024 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL A SWABY MARTINEZ
Name of Person
JSAN 2024 LLC
Firm/Company
3248 SE BROOK ST
Address
STUART/FLORIDA 34997
City/State and Zip Code
JSAN2024LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL SWABY	917	4025714
_____	at (_____) _____	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

JSAN 2024 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 22, 2024 and assigned  
Florida document number L24000187034.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the 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 ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAUL A SWABY MARTINEZ	3248 SE BROOK ST	<input type="checkbox"/> Add
		STUAR FLORIDA 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JHON A SANJUANELO VILLAR	URBANIZACION MIRANDA CALLE PIRAMIDE	<input type="checkbox"/> Add
		RES LUANA CARACAS DC VE 1071	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JHINA PAOLA HERNANDEZ	URBANIZACION MIRANDA CALLE PIRAMIDE	<input type="checkbox"/> Add
		RES LUANA CARACAS DC VE 1071	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FERNANDO L VERA CORREDO	1580 SW BEVERLY TERRACE	<input checked="" type="checkbox"/> Add
		STUART FLORIDA 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 05TH 2024



PAUL ADRIAN SWABY MARTINEZ

**Filing Fee: \$25.00**