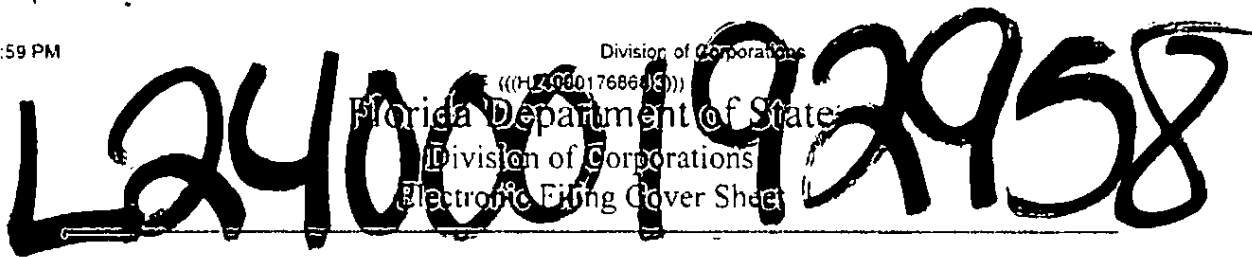


5/16/24, 1:59 PM



Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000176868 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.
 Account Number : 120200000118
 Phone : (305)260-6968
 Fax Number : (786)513-7810

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 JUDOEN, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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MAY 17 2024

(((H24000176868 3)))

ARTICLES OF AMENDMENT
 (((H24000176868 3)))
TO
ARTICLES OF ORGANIZATION
OF

JUDOEN, 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 04/24/2024 and assigned
 Florida document number 1.24000192958.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JUDOEN LLC

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**

FILED
 2024 MAY 16 AM 8:47
 CLAY COUNTY
 FLORIDA
 STATE
 CLERK

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:
(((H24000176868 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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