L24000000266

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : 120160000967
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: toni@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JTFM MANAGEMENT LLC

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

OCT 08 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JTFM MANAGEMENT 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 04/29/2024 and assigned Florida document number L24000200266.

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)

3616 VALLEYVIEW DR
KISSIMMEE, FL 34746

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3616 VALLEYVIEW DR
KISSIMMEE, FL 34746

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TALLAHASSEE, FLORIDA

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:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DE SOUZA TENENTE, MAURO	3616 VALLEYVIEW DR KISSIMMEE, FL 34746	☐Add ☐Remove ■Change
AMBR	BARBOSA TENENTE, TIAGO	3616 VALLEYVIEW DR KISSIMMEE, FL 34746	☐Add ☐Remove ■Change
AMBR	DELESALLE, FELIX ERIC	3616 VALLEYVIEW DR KISSIMMEE, FL 34746	☐Add ☐Remove ■Change
AMBR	LIANGGUO, JI	3616 VALLEYVIEW DR KISSIMMEE, FL 34746	☐Add ☐Remove ■Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 30 . 2024 .

Signature of a member or authorized representative of a member

MAURO DE SOUZA TENENTE

Typed or printed name of signee

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Filing Fee: $25.00