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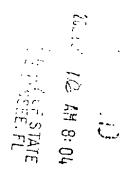
(Requestor's Name)	
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
Certified Copies Certificates of Status	
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: Henry C-1/11:1/24

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOUR 12 DOSPS 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:
Tyurkla Day?5 Name of Person
Jewelz Oasps LLC Firm/Company
4300 N University Dr Address
Laudertill, Fl 33351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyunck Day35 at (305) 905-1456 Name of Person Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status S60.00 Filing Fee, Certificate of Status Scrifficate

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

Jews 7 OSar S (Name of the Limited Liabilia) (A Florida)	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C	• •	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim			
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	5	
		· :	
		-	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		SSC E	, .
		(77) · 1	damen :
		-n=: -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the nev	v registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	, 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>	Address	Type of Action
AMBR	Tyunda Davis	4300 N Wilkesty Dr	(E Add
		4300 M Unitersity Dr Lauterhill, FI 33351	□ Remove
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<u>Note:</u> It	e date, if other the ive date is listed, the of the date inserted in t's effective date or	i this block does	s not meet th	e applicable st	of filing or more t atutory filing rea	(option than 90 days after fi quirements, this o	nal) iling.) Pursuant to 60: date will not be list	5.0207 (ed as (
record s d is filed	specifies a delayed o	effective date, b	ut not an eff	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day afte	r the
Dated	July	5		24				
	<u> </u>	<u></u>			epresentative of a			
		Signatur	e of a member	r or authorized i	epresentative of a	member		

Filing Fee: \$25.00