## 124000267168

(Requestor's Name)	
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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
	INTERNATIONAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAVID E DURAN		
		Name of Person	
	SUREFY		
		Firm/Company	• • • • • • • • • • • • • • • • • • • •
	2772 N. UNIVERSITY D	R	
	71-7	Address	
	SUNRISE, FL 33322		
		City/State and Zip Code	· · ·
	hdoperations@outlo		
	E-mail address: (	to be used for future annual report notifica	ition)
For further information	concerning this matter, please c	all:	
DAVID E DURAN		908 2514390 at ()	
Name	of Person	Area Code Dayume T	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration		Street Address: Registration Section	on
	Corporations	Division of Corpo	
P.O. Box 63	27	The Centre of Tal	lahassee
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GIJUTSU INTERNATIONAL LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000267168}{}$ .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liab	ihty Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	72024
Principal office address MUST BE A STREET ADDRESS)		00 1
Enter new mailing address, if applicable:	N/A	SEELT
Mailing address MAY BE A POST OFFICE BOX)		- 63.0 A
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:  N/A	address on our records, <u>ent</u>	er the name of the new register
New Registered Office Address:	Enter Florida street ada	bress
New Registered Office Address:		lress Fiorida

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 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>	Name	Address	Type of Action
AR	MERLYS MILENA MARTINEZ	7849 Bear Claw Run	<b>≘</b> Add
		Orlando, FL 32825	Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Defective date on the Defective date.	t be specific and cannot be ock does not meet the a	prior to date of filing to	or more than 90 days after	ional) er filing.) Pursuant to 605 is date will not be list	5.0207 () ed as th
e record specifies a delayed effectived is filed.	e date, but not an effect	ive time, at 12:01 a.	in, on the earlier of: (	b) The 90th day afte	r the
October 25th	2024	·			
Dated October 25th  Hulfs Hlewo	Harty counds	authorized represents	tive of a member		

. . .

Filing Fee: \$25.00