L24 000 279 002

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	O JOJY HOL	Linas LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	John P.	Name of Person	
	L& JoJY	Holdings, LLC	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Toha Lanea Name of Person			
	Turpon Spr	City/Styte and Zip Code	(689
	John Pyame 1:-hail ddress: (1	o be used for future annual report notice	fication)
For further information c	oncerning this matter, please ca	dl:	
John P. Ye Name o	f Person	at (1727) 109 - Area Code Daytime	Z6Z
Enclosed is a check for the	ne following amount:		
S25 00 Filing Fee		Certified Copy	Certificate of Status &
			ction
		Division of Cor	porations
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany avit now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000279002</u> .	pany were filed on CG 14 2024 and assigned
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 I	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	<u>S</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5.56
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zıp Code
New Registered Agent's Signature, if changing Registered Ag	gent:

Thereby 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>	<u>Name</u>	Address	Type of Action
Title AR	Jenny Yaman	715 Seminale Blud Tarpon Springs FL 3	□Add
		Turpon Springs 12 3	469 KRemove
			□Change
			🗆 Add
			□Remove
			🗆 Change
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un ett <u>iote:</u>	ive date, if other than the date of filing:	.0207 ed as
recor Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after fed.	r the
ated	August 5 . Zozy.	
	Ada Jan	
	Signature of a member or authorized representative of a member	