



(Re	questor's Name)	<u> </u>
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Cor			
SUBJEC	Jawzrsize			
SUBJEK	۰l:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Brandon T. Harris		
			Name of Person	
		Jawzrsize		
			Firm/Company	
		715 Villa Grande Ave S		
			Address	
		St. Petersburg, Florida 337	07	
		brandon@jawzrsize.com	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report	notification)
For furth	ner information o	oncerning this matter, please ca	all:	
Brandor	a Harris		907 441-461 at ()	
	Name c	of Person	Area Code Da	ytime Telephone Number
Enclosed	d is a check for t	he following amount:		
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addres	
	Registration Division of C		Registration Division of	Corporations
	P.O. Box 632		The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jawzrsize LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited	inv as it now appears on our recor Liability Company)	rds.)	
he Articles of Organization for this Limited I lorida document number <u>L24000316928</u>	iability Company	were filed on 7/18/24	an	d assigned
his amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name of	of the limited liah	ility company here:		
he new name must be distinguishable and contain the	med Minisolfish	New Commune "the Independent of L	C" or the abbreviation	vo "L L (" "
nter new principal offices address, if appli		715 Villa Grande Ave S	x. Of the addressarie	71 G.G.V.
Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33707	<u>ب</u>	202
			70 E	2024 AUG
Enter new mailing address, if applicable:		715 Villa Grande Ave S		28
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 33707		PR 🔛
		- F	2: 57	
3. If amending the registered agent and/or	•	address on our records, <u>ente</u>	• •	e new regist
gent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	Brandon Harri	S		
New Registered Office Address:	715 Villa Gran	de Ave S		
<u> </u>		Enter Florida street addr	cess	
	St. Petersburg		, Florida <u>33707</u>	
		City	Zin (ode

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	Brandon Harris	715 Villa Grande Ave. S St. Petersburg, FL 33707	= Add
			TRemove
			Change
			⊔∆dd
			□Change
			□Add
			□Remove
			UChange
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			□ Change

							
							
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	ek does not i	meet the applic	cable statutor	g or more than 9 y filing require	(option) 0 days after file ements, this d	al) ling.) Pursuant t late will not b	.o 605.0207 e listed as
record specifies a delayed effective I is filed.	date, but no	t an effective t	ime, at 12:01	a.m. on the ex	ırlier of: (b)	The 90th day	after the
August 15th		2024					
Fresh &	Signature of a	member or auth	norized represe	ntative of a mer	nber		_

Filing Fee: \$25.00