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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration So Division of Cou					
JFR Holdin	gs, LLC				
SUBJECT: Name of Limited Liability Company					
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter Fabiola Santiago Rodrigue	-			
	JFR Holdings, LLC	Name of Person			
	1924 Carrigan Ave.	Firm/Company			
	Winter Park, FL 32792	Address			
	RodriguezJF1211@gmail.c	City/State and Zip Code		S) E	9
Pour Books on in Boom assisses of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)	CREI	Se Aula Yell
Fabiola Santiago Rodrigi		407 929-1415		ARY O	
Name o	of Person	at () Area Code Daytime	Telephone Number	CRETARY OF STATE TALLAHASSEE, FL	2 11
Enclosed is a check for the	he following amount:			<u> </u>	,
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing I Certificate of Certified Copy (additional copy)	Status & y	

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

JFR Holdings, LLC		
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	_ _
The Articles of Organization for this Limited Liabilit Florida document number		and assigned
This amendment is submitted to amend the following	y.	
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 AD	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
		24 N ECR TAL
B. If amending the registered agent and/or registe		me of the new Fegiste
igent and/or the new registered office address her	<u>'e</u> :	y 26 IVAR AHV
		<i>i</i> € ≺
Name of New Registered Agent:		OF PH
-		1.5 1.5
New Registered Office Address:	Enter Florida street address	<u> </u>
		111
	, Florida	Zip Code
	City	лір Соае

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Fabiola Santiago Rodriguez	Address 1924 Carrigan Ave, Winter Park, FL 32792	Type of Action
			= Add
			□Remove
			Change
			□Remove
			Change
			□Add
			PHECROMARYADI TALLAHASSE
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.ffective date, if other than the da	11/14/2024	!	(optional)	\sim $^{-1}$	
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the Period of the Pe	e specific and cannot be price to does not meet the applartment of State's record	icable statutory filing t s.	than 90 days after filing.) Pequirements, this date wi	ill not be fist	ied as th
d is filed.					
November 14	2024				
Dated	······································	·			
· 1. k	enature of a member or aut				

Filing Fee: \$25.00