

L24000405858

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LJ2 INVESTME	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this m	-
Canas Duron	Name of Person
	Firm/Company
9051 Twig	PD LAKeworth F133467
Cynthias.	City/State and Zip Code Cookstate Gmail. Com ess: (to be used for furthe annual report notification)
For further information concerning this matter, plea	
Cyrthia Chruz Name of Person	at (501) Le937262 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Statu	_
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations 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 Compan (A Florida Limited Li	v as it now appears on our record ability Company)	1s.)				
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LZ4D00405858</u> .	vere filed on Thember	17,2024 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:					
The new name must be distinguishable and contain the words "Limited Liability	y 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)						
	_					
Enter new mailing address, if applicable:		5 ()				
(Mailing address MAY BE A POST OFFICE BOX)		(). To				
		C OI				
		F 6				
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter	the name of the new registere				
agent and/or the new registered office address here.						
Name of New Registered Agent:						
	· · · · ·					
New Registered Office Address:	Enter Florida street addres:	· · · · · · · · · · · · · · · · · · ·				
	, Flo	orida				
New Registered Agent's Signature, if changing Registered Agent:	·	,				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	erformance of my duties, an ovided for in Chapter 605, 1	nd I am familiar with and F.S. Or, if this document is				

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_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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reffective (late is listed, the	date must be spe	cific and can	mot be prior to	o date of filing	or more than	90 days after	filing.) Pursua	nt to 605,020
<u>te:</u> If the rument's c	date inserted i iffective date (n this block do on the Departm	es not meet ent of State	the applical is records.	ble statutory	filing requir	ements, this	date will no	t be listed a
cord spec	ifies a delayed	effective date.	but not an i	effective tin	ne, at 12:01 a	i.m. on the e	arlier of: (b	The 90th o	lay after the
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