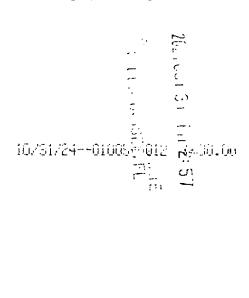
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Orly) Getter Eliph Holle #7
PICK-UF	MAIL MAIL
	(Business Entity Name)
	<u> </u>
	(Document Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: Registration S Division of Co			
suвјест: <u>Fla</u> v	VIESS JOUTNEL Name of Limit	S LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Jermaine</u>	Name of Person	
	Flauless J	ourneys LLC	
	3065 Palm	Firm/Company  \( \begin{align*} \begin{align*} \P\ackled{\text{C}} \\ Address \end{align*}	
	Margate Fl Flawless Tour	City/State and Zip Code  (Ne 15 4 4 2 9 9 mail to be used for future annual report notice)	.(pm
For firster in formation			fication)
	concerning this matter, please ca	ill:	
Jermaine Name	LUGG of Person	at (954) 478 · Area Code Daytim	8143 e Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	\$30.00 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 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

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liability Company were file Florida document number <u>レみ4ののサみりも</u> 。	ed on Sept 30, 2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	202		
(Principal office address MUST BE A STREET ADDRESS)			
<u></u>	; <del></del> -		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
	, 7		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	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	Zip Code		

## 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
MGR	barbara Harrison	6598 NW 30th Street	\Add
		Sunrise FL 33343	□Remov <b>c</b>
			□Change
AMBR	Janaya Lugg	3065 Palm Place	t\(\sqrt{Add}\)
		3065 Palm Place  Margate FL 33063	Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
<del></del>			□ Add
			□ Remove
		<del></del>	Change
			□Add
			Remove
			Change

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(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
Dated	
	Signature of a member or authorized representative of a member
	Jermaine Luga

Filing Fee: \$25.00