P24000044089

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JS FL ENTERPRIS	ELLC			
	BER: P24000044089				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	ARNOLD, BARBARA				
	JS FL ENTERPRISE LLC	Name of Contact Perso	nc	_	
		Firm/ Company		_	
	620 4TH ST NE				
		Address	<u> </u>	***	
	FORT MEADE, FL 33841				
		City/ State and Zip Co	de	 	
	24 J SEC	71			
	E-mail address: (to be us	ed for future annual repo	rt notification)	ARE IN	
For further information	on concerning this matter, pleas	se call:		24 JUN 28 PH 4: 50 SECRETARY OF STATE TALLAHASSEE. FT ORIU:	ILEU
BARBARA ARNOL	D	at (863	ode & Daytime Telephone Num		_
Name	of Contact Person	Area C	ode & Daytime Telephone Num	ber So	
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:	7.	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	tilling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ame Divis The 2415	et Address indment Section sion of Corporations Centre of Tallahassee in N. Monroe Street, Suite 810 hassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

JS FL ENTERPRISE LLC	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P24000044089	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
IS FL ENTERPRISE INC	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	620 4TH ST NE
(Principal office address MUST BE A STREET ADDRESS)	FORT MEADE, FL 33841
	75.7
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	620 4TH ST NE
	FORT MEADE, FL 33841
D. If amending the registered agent and/or registered office adding registered agent and/or the new registered office addres	dress in Florida, enter the name of the SS:
Name of New Registered Agent	
	treet address)
·	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	11: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), F.S.

The date of each amendment(s)	07/03/2024	, if other than the	
date this document was signed.	<u></u>	, it outer than the	
Effective date if applicable:			
	(no more than 90 days after amendm	ent file date)	
Note: If the date inserted in this document's effective date on the I	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors wit	thout shareholder action and shareholder	
☐ The amendment(s) was/were as by the shareholders was/were:	opted by the shareholders. The number of votes cas ufficient for approval.	st for the amendment(s)	
	proved by the shareholders through voting groups. reach voting group entitled to vote separately on th		
"The number of votes cas	for the amendment(s) was/were sufficient for appre	roval	
by		, n	
	(voting group)		
	1		
07/03/202 Dated	t		
Signature	Barbara Arnold	SEC TALL	П
(By a select	lirector, president or other officer — if directors or or or or on the hands of a receiver, ated fiduciary by that fiduciary)		
	BARBARA ARNOLD	PM PM	
	(Typed or printed name of person signi		
	PRESIDENT	RACE RID!	
	(Title of person signing)		