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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations**

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SUBJECT:				
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Philippe, Jackson			
		Name of Person		-
	J.P Money LLC			
		Firm/Company		-
	108 Adams Road			
		Address		.: 28
	Auburndale, Fl 33823			
	jp6186386@gmail.com	City/State and Zip Code		2024 JAN 30 PH 4: 25
	E-mail address: (to be used for future annual repo	rt notification)	
For further information c	oncerning this matter, please c	all:		12.7
Jackson Philippe		863 618-63	86	1 60 0
		at ()		
Name o	f Person	Area Code D	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &

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 Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000081694	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
J.P Money LL.C		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	108 Adams Road	
(Principal office address MUST BE A STREET ADDRESS)	Aubumdale, FL 33823	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		्रिं ज
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Add Remove
			Change,
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			Change
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			Remove
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a effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's effective date of the Department's effective date of the Department of the Departm	e specific and can e does not meet intment of State	the applicable's records.	e statutory fili	ng requiremen	ys after filing.) I nts, this date w	ill not be li	sted as th
s filed.							
January 11	20	024					
forting	Mulfing mature of a mem	ber or authoriz	ed representativ	ve of a member			
// • •							
Jackson/Philippe	7						

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