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COVER LETTER

Division of Corpora	tions		
SUBJECT: TM	Name of Limited Li	ty Advisors iability Company	,LLC
The enclosed Articles of Amer	ndment and fee(s) are submitted	d for filing.	
Please return all correspondence	ce concerning this matter to the	e following:	
_	umesh J	Todunandar Name of Person	<u> </u>
_		Firm/Company	
_	640 dem	natis Street	#1138
_	West Palm	<u> </u>	33402
	0	y/State and Zip Code A CO CO A seed for future annual report notification	<u>1</u>
For further information concer		7	
UMESH JO Name of Pers	dunanden	at (56) 337 — Daytime Tele	2788 Ephone Number
Enclosed is a check for the fol	lowing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM JARU lealty	Advisors 146
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 03 DE 20 ID and assigned
, ,	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	640 clematis street
(Principal office address MUST BE A STREET ADDRESS)	井 1138
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	West Palm Beach 12334P2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Epter Florida street address, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR = <u>Title</u>	Manager `Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Add Change Add Change
		····	Remove
			□ Change
			Add
			Remove
			□ Change
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			☐ Change

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-		7 JN 20 AHII: 44
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	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Note: If the date inserted	than the date of filing:e date must be specific and cannot be prior to date of filing or more the in this block does not meet the applicable statutory filing requestion on the Department of State's records.	
the record specifies a) The 90th day after	delayed effective date, but not an effective time, the record is filed.	, at 12:01 a.m. on the earlier of:
Dated OI IS	2017	
	Signature of a member or authorized representative of a r	member
\sim	esh Lodunardan	

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Filing Fee: \$25.00