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COVER LETTER

Division of Corpo					
SUBJECT:	Jasajon	ited Liability Company			
	- Value of Lini	ned Clabinty Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Jan	ne Nasayin Name of Person			
	Nas	Cyc JL C Firm/Company			
		SE 1st Ave Si	ute 400		
	Man	City/State and Zip Code			
	E-mail address: (1	a a new chy in to be used for future annual report notific	cation)	 	·. [2]
For further information cor	ocerning this matter, please ea	all:		: 007 28	
Name of F	CLC C Person	at (<u>3C</u>) <u>371</u> Area Code Daytime	Telephone Number		A THE STATE
Enclosed is a check for the	following amount:)	
□ \$25.00 Fiting Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &	

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

Wasai	ion LC	
(<u>Name of the Limited Liabil</u> (A Florid	lin Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Florida document number <u>LII 00010519</u> L	f '	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E . Et	
	Enter Florida street od	aress
	City	. Florida
	-	,

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 Type of Action Title <u>Name</u> Address MGRM Jame Nasajon 21 SE Ist. Ave. Remove Miani FL 33131 ☐ Change MER Jame Nasajon 21 SE Ist. Ave. ☐ Remove Miani fl 3313/ ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

D. H amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	the date, if other than the date of filing:
f the reco b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	10/23 2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signed

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Filing Fee: \$25.00