L10000 008647

| (R | Requestor's Name) | |
|-------------------------|------------------------|---------------|
| (A | address) | |
| <u> </u> | address) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | • |
| (0 | Ocument Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Co | rporations | | |
|----------------------------------|--|---|---|
| JACK & S SUBJECT: | AM, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Jayrajsinh Sindha | | |
| | | Name of Person | |
| | Jack & Sam, LLC | | |
| | | Firm/Company | |
| | 6468 Garden Ct | | |
| | | Address | |
| | West Palm Beach, FL 334 | 11 | |
| | sindhajay@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please ca | all: | |
| Jayrajsinh Sindha | | 561 707-4159 at() | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 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:

TO:

Registration Section

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

. .

Jack & Sam, LLC

company has been notified in writing of this change.

2019 00T 21 PH 7: 39

| (Name of the Limited Liability Compa (A Florida Limited I | i <mark>ny as it now appears on our reco</mark> Liability Company) | ords.) |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L10000098647 | 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: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | rds, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u></u> |
| | Enter Florida street add | |
| | , | FloridaZip Code |
| | • | Zip Coae |
| New Registered Agent's Signature, if changing Registered Agent: | | r at a second and |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, provided for in Chapter 60. | and I am familiar with and 5, F.S. Or, if this document i |

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> | Name | <u>Address</u> | Type of Action |
|--------------|-----------------|---|----------------|
| AMBR | Amitkumar Patel | 10130 NORTHLAKE BLVD WEST PALM BEACH, FL 33412 | |
| | | | Remove |
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| antino doto if oth | on than the date of filings | | (optiona | 1) |
| neffective date is listed te: If the date insert | er than the date of filing:, the date must be specific and cannued in this block does not meet thate on the Department of State's | ot be prior to date of filir the applicable statutor | ig or more than 90 days after filir | ig.) Pursuant to 605.02 |
| | a delayed effective date, er the record is filed. | , but not an effec | tive time, at 12:01 a.m | . on the earlier |
| red | October 16. 20 | | | |
| - | · | | <u>.</u> | |
| | | oer or authorized represe | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00