## L11000 030 529

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	. <u>.</u>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900335133439

10/12/13/--010355--013 (\*\*65,00

2315 CC 2 - 7 PH 12: 51



## **COVER LETTER**

TO: Registration S Division of Co			
Jassas Ca SUBJECT:	apital LLc		
300mer	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dylan Pathirana		
	Jassas Capital LLC	Name of Person	
	5950 Canoga Avenue #500	Firm/Company	· <u>-</u>
	Woodland Hills, CA 91367	Address	
	jpathirana@landeveloper.ne	City/State and Zip Code	<del></del>
		to be used for future annual report notif	Teation)
For further information of	concerning this matter, please ca	all:	
Dylan Pathirana		626 318-6412	
Name (	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following 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

2019 CUT - 7 PM 12: 51

Jassas Capital LLC ( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	any as it now appears on our records.)		
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number <u>L11000030529</u> .	were filed on 09/13/2019 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2431 S Cleveland Avenue		
Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33901		
	5950 Canoga Avenue		
Enter new mailing address, if applicable:	Woodland Hills, CA 91367		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the		
egistered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Florida		
	City Zio Code		

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lachman Singh		Add
			□ Remove
	Jose Carvalho		Change
MGR			
			■ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

_						
_			<del></del>			
-					<del></del>	
_			<u>-</u> .		<del></del>	
_						
_		-	<del>-</del>			
-			<del></del>			
_	<del></del>					
_						
	<u> </u>					
-		<del></del>	<u>_</u>			****
_		<u> </u>				
_		-				
		· <del>- ·</del>				
_					· ·	
fecti	ive date, if other	than the date of fi	iling:		(optional) han 90 days after filing.)	
ote:	If the date inserted	e date must be specific in this block does n on the Department	iot meet the applicab	date of filing or more t le statutory filing rec	han 90 days after filing.) puirements, this date v	Pursuant to 605,020 vill not be listed as
rec The	ord specifies a 90th day after	delayed effectiv the record is file	ve date, but not ed.	an effective time	e, at 12:01 a.m. c	on the earlier o
ated	09/13/2019					
uscu _		7 Nin	Ja-	- <del>-</del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00