# 1/3000/64592

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# **COVER LETTER**

TO: Registration Sect Division of Corp					
<sub>ѕивјест:</sub> Јахса	r Investments	, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon-	dence concerning this matter	to the following:			
	Matthew Wo	olper			
		Name of Person			
		Firm/Company			
	624 NW 110	th Avenue			
		Address		2014 XŽŽ	
	Plantation, F	L 33324		語	·-1-
		City/State and Zip Code		SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	Secretary Secretary
	mwolper@bressl	OF.COM to be used for future annual report notific	cation)	T 9 3	TT)
For further information co	ncerning this matter, please ca	·		2014 MAR 17 PH 16 62 ALLAHASSEE, FLORIDA	-
Man Wali		at ( 954 ) 324-34	121	\$ 18 N	
Name of	Person	Area Code Daytime	Telephone Number	<del></del>	
Produced in a sharp for the	fallaning amount				
Enclosed is a check for the		D 055 00 PW 15 - 0	<b>D</b> 670 00 EU	P P	
■ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaxcar Investments, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L13000164592	were filed on No	ovember 25, 2013	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the d	lesignation "LLC" or the a	bbreviation "l.	L.C."
Enter new principal offices address, if applicable:				<del>.</del>
(Principal office address MUST BE A STREET ADDRESS)				
			2014 HAR	
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,		PRESENT.
(Mailing address MAY BE A POST OFFICE BOX)			7 - 1 7 - 1	ļ 
				) [ ;
		CANE	3	`
B. If amending the registered agent and/or registered of	office address on	our records, enter	the name	of the new
registered agent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	ida street address		
	2,700			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•		•	
I hereby accept the appointment as registered agent and ag		angaith I furthar ag	raa to comr	do with the
provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent as	provided for in C	Chapter 605, F.S. Or,	if this docu	iment is
being filed to merely reflect a change in the registered office	e address, I hereb	y confirm that the lin	nitea tiabili	ıy

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Kelli Wolper	624 NW 110th Avenue, Plantation, FL 33324 Add
		Remove
		Add
		Remove 20 1
		Remove
		Add
		□ Remove
		Add
		Remove
		Add
		Remove

If amending any other information, enter			
		<del> </del>	
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than	(optional) 90 days after	
(The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than	(optional) 90 days after	
(The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than nent of State)	90 days after	
(The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department Dated March 7	date of receipt or filed date and cannot be more than nent of State)  2014  a member or authorized rescentative of a member	2014 HA	
(The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department of the Dated March 7	date of receipt or filed date and cannot be more than nent of State)  , 2014	2014 MAR	J
Dated March 7	date of receipt or filed date and cannot be more than nent of State)  2014  a member or authorized rescentative of a member	90 days after	J

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Filing Fee: \$25.00