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(Re	questor's Name)	
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COVER LETTER

Division of Co	rporations		
endiezt.	JAY LAXMI OF JAX I	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		LUIZ NEVES	
		Name of Person	
	INTELLIGENT RESOLU	TION SERVICES LLC	
		Firm/Company	
	13720 OLD ST AUGUST	INE ROAD STE 8 PMB 310	
		Address	
	j	ACKSONVILLE FL 32258	
	- 114	City/State and Zip Code info@irsllc1040.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
LUIZ	NEVES	904 238-4100 at ()	
Name (of Person		Telephone Number
Employed in a physic force	ha fallandar annan		
Enclosed is a check for t	-		_
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:

Registration Section

TO:

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

JAY LAXN	MI OF JAX LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	-
The Articles of Organization for this Limited Liability Com	apany were filed on 08/11/2014 and	assigned
Florida document numberL14000125069		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	(22)	
	S. T.	201
Enter new mailing address, if applicable:		99 20
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	ह ग
	A: r	\(\sigma\)
	_ ••	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres.		
registered agent and/or the new registered office address	is here:	,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zin Cou	le

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS G ALMEIDA	10045 SAN JOSE BLVD JACKSONVILLE FL 32257	
			■ Remove
			Change
		.	Add
			☐ Remove
			☐ Change
			☐ Remove
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(If an effe Note:	ve date, if other than the date of filing:
the rec	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 _	07/25 2019
	I (I (I (I (I (I (I (I (I (I (
	Signature of a member or authorized representative of a member Eduarda Itabora Hy Andrade Samtos Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00