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ECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	Jay FL Investm Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Spenc	eer W. Ocering Name of Person	
	Matheys	Lane Capital Mana Firm/Company	gement LP
	One West Ex	schange Street 441	Tour
	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	change Street, 4411 Address	
	Pridence	City/State and Zip Code	
•		City/State and Zip Code	4
		nents @ matheys lane	
For further information co	oncerning this matter, please c	·	
,	-		(// 6/2)
Linnea	Person	at (<u>401</u>) <u>262 -</u> Area Code Daytime	Telephone Number
		·	·
Enclosed is a check for th	e 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)
	NG ADDRESS:	STREET/COURIE	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Million St. Committee Committee

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Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Way FL Investments,				
(Name of the Lin	ited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited	Liability Company v	vere filed on		and assigned
Florida document number	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			29
			55	
			22	
Enter new mailing address, if applicable:			25.55 Cyclo	29
(Mailing address MAY BE A POST OFFICE	ROX)		: 0	TI ITI
	<u> </u>	•	10.1	\sim \circ
		 	OA OA	
B. If amending the registered agent and	or registered offic	ce address on our r		
registered agent and/or the new registered o				
	•			
Name of New Registered Agent:	Robert L.	Kline, PA		
New Registered Office Address:	8603 South	Dixie Highway,	Suite 305	5A
New Atografica Office Madess.		Enter Florida street		
	Miami		, Florida _	33143
		City	,	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regioned filed to merely reflect a change in the	er and complete pe stered agent as pro	rformance of my duti vided for in Chapter	es, and I am 605, F.S. Or	familiar with and ; if this document is

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company has been notified in writing of this change.

er removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
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			☐ Remove
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(If an ei Note:	ctive date, if other than the date of filing:	5.0207 (3)(b) ted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	ier of:
Dated	Heather work	
	Heather Crosby Typed or printed name of signee	
	Typed or printed name of signee	
	2: 46 ORIDA	
	Page 3 of 3	

Filing Fee: \$25.00