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(Re	equestor's Name)	
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SECRETARY OF STATE AREASSES FOR THE A

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T. HAMPTON

COVER-LETTER

	Registration So Division of Co			
our re			NAGEMENT LLC	
SUBJEC	T:	Name of Lim	ited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
			JACOBO MIZRAHI	
			Name of Person	
			Firm/Company	
		1000 E HALLANDAI	LE BEACH BLVD STE 2	
			Address	
		HALLANDALE, FL 3		
		jacobo0168@hotmai	City/State and Zip Code	
			to be used for future annual report notif	fication)
For furth	er information o	concerning this matter, please c	all:	
CARLO	OS GONZAI	LEZ	954 632-1272	
	Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fec	□ \$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)
		JNG ADDRESS:	STREET/COURI	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JAYSIS MAN	IAGEMENT LLC	ARY 2
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	AH IO:
The Articles of Organization for this Limited L Florida document number L15000028836	iability Compan	ny were filed on 02/16/2015	and a figured
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
JAYCIS MANAGEMENT LLC			
The new name must be distinguishable and end with the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered o			ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Florida	1
		City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	□ Add
			Remove
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			Remove
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N/A	<u></u>
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Filing Fee: \$25.00