# 1500044797

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000316858780

80/13 ian 60 . He G \*\*16 n.c

18 AliG 13 AM 8: 57

N COOPER AUG 1 6 2018

## **COVER LETTER**

JMAT INV	ESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Suresh Kapai		
, -		Name of Person	
	Jinat Investments LLC		
. •		Firm/Company	
	13561 SW 77th Ct		
	·	Address	
	Pinecrest, FL 33156		
	<del> </del>	City/State and Zip Code	<del></del>
	amsuamba@gmail.com	to be used for future annual repo	Continui
lior further information	e-man address: (		ranomication)
	concerning this matter, please ea	aii:	
Suresh Kapai		305 776 054 at () Area Code D	40 
Name (	of Person	Area Code D	aytime 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	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

JMAT INVESTMENTS LLC						
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited l	iny as it now appears on our l Liability Company)	records.)			
The Articles of Organization for this Limited I Florida document number L15000044797		were filed on December 0	97, 2015 an	d assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
			<del></del>			
The new name must be distinguishable and contain the	words "Limited Liabi		"LLC" or the abbreviati	an "E.L.C."		
Enter new principal offices address, if applicable:		13561 SW 77th Ct				
(Principal office address MUST BE A STREET ADDR		Pinecrest, FL 33156				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:  Suresh Kapai  13561 SW 77th  Pinecrest		Same as above		SECRETARY OF COL		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our re	cords, <u>enter the na</u>	8: So the		
Name of New Registered Agent:	Suresh Kapai					
New Registered Office Address:	13561 SW 77th	ı Cı				
		Enter Florida street	address			
	Pinecrest		_, Florida <u><sup>33156</sup> </u>			
		City	Zip (	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.

f 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>	Name	Address	Type of Action
MGR	Kapai, Suresh	13561 SW 77th Ct	<b>=</b> Add
		Pinecrest, FL 33156	□ Remove
			Change
<del></del>	<del>-</del>		Add
			☐ Remove
			□ Change
· · · · · · · · · · · · · · · · · · ·			🗆 Add
			□ Remove
			Change
	<del></del>		□ Add
			□ Remove
			🗆 Change
			□ Add
			□ Remove
			Change

\_□ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessar	,··/	
	<del></del>	<del></del>	
-			
. <del></del>		18 AUG I 3	o a
			r CU
		AH 8	THUR
		8: 57	ATION
			7,-
Effective	date, if other than the date of filing;	ı	
<u>Note:</u> If the	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing he date inserted in this block does not meet the applicable statutory filing requirements, this date	<ul> <li>Pursuant to 605.</li> <li>will not be liste</li> </ul>	.020. ed as
document	s effective date on the Department of State's records.		
ne record	specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlie	er o
The 90	th day after the record is filed.		
Dated	08-01-2018		
	1 1/2		
	Signature of a member of authorized representative of a member	<del></del>	
	Amit Handa  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00