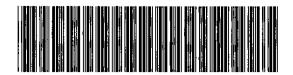
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2015 APR 15" PH 4: 25
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EXAMINER APR 28 2015

COVER LETTER

TO: Registration Secti Division of Corpo		
JSK JSN, I	LLC	
SUBJECT:	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following:	
	ALPABEN S. PATEL	
	Name of Person	
	JSK JSN, LLC	
	Firm/Company	
	3595 RANEY ROAD	
	Address	
	TITUSVILLE, FL 32780	
	City/State and Zip Code KKP1IN@YAHOO.COM	
•	E-mail address: (to be used for future annual report notification)	
For further information cond	ncerning this matter, please call:	
ALPABEN S. PATEL	Area Code Daytime Telephone Number	
Name of Pe	Person Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

MAILING ADDRESS:

 \rightarrow

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 ARTICLES OF ORGANIZATION **OF**

2015 APR 15 PM 4:25
ALLAHASSEE, FLORIDS

JSK JSN, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		~ 0A10;
The Articles of Organization for this Limited Liability C	Company were filed on MARCH 20, 2015	and assigned
Florida document number L15000050646	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited 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 ADDI	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		the name of the new
	<u> </u>	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered	d 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 AMBR = Authorized Member <u>Title</u> **Name** Address **Type of Action** MGR ONE HANUMAN LLC 3 INDIAN RIVER AVE #1201 ☐ Add TITUSVILLE, FL 32780 ■ Remove □ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove ☐ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated		
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Dated 4 4 15	ctive date, if other than the date of filing: effective date must be specific, cannot be prior to date of a date this document is filed by the Florida Department of S	receipt or filed date and cannot be more than 90 days after State)
	ed 4 h 1 5 , _	·
A Signature of a member or authorized representative of a member	P A GOLD	her or authorized representative of a member
ALPABEN S. PATEL		our or damerized representative or a memoer

Page 3 of 3

Filing Fee: \$25.00