L15000061388

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SECKETARY OF STATE

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COVER LETTER

Divis	sion of Corpo	orations		
SUBJECT: _	Name and	Address Correction-	J and A IT Enterprise LLC (add LLC)
Sobsect.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspond	lence concerning this matter	to the following:	
		Amy DaCosta Gome	ez	
			Name of Person	
		J and A IT Enterprise	e LLC	
			Firm/Company	
		1949 Beacon Landir	ng Cir	
		<u> </u>	Address	
		Orlando Fl 32824		
			City/State and Zip Code	
		dacosta.amy@gmail.		
		E-mail address: (t	o be used for future annual report notific	cation)
For further inf	formation con	cerning this matter, please ca	all:	
Amy DaCo	osta Gome	Z	407 408-6654	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fil	ling 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

FILED. 2015 OCT 27 AM 10: 18

SECRETART OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited)	niv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000061388</u> .	were filed on 04/08/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
J and A IT Enterprise LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1949 Beacon Landing Cir
(Principal office address MUST BE A STREET ADDRESS)	Orlando FI 32824
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1949 Beacon Landing Cir Orlando Fl 32824
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

J and A IT Enterprise

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:

<u>Title</u>	<u>Name</u>	Address	Type of Act
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE