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COVER LETTER

TO:	Registration Sec Division of Corp			
eup u	JAX202 LL	С		
POPI	sc::	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	the following:	
		PANDO OR		
			Name of Person	
		JAX202 LLC		
			Firm/Company	
		4870 E DEER LAKE DR E	EAST	
			Address	
		JACKSONVILLE FLORII	OA 32246	
			City/State and Zip Code	
		ORPANDO@HOTMAIL.C		
		E-mail address: (t	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
PANI	OO OR		347 6359993	
	Name o	f Person	at ()	Telephone Number
Enclos	sed is a check for the	ne following amount:		
≅ \$2	25.00 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)

MAILING ADDRESS:

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

JAX202 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2015 _ and assigned Florida document number _____L15000083156 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4870 E DEER LAKE DR EAST Enter new principal offices address, if applicable: JACKSONVILLE FLORIDA 32246 (Principal office address MUST BE A STREET ADDRESS) 4870 E DEER LAKE DR EAST Enter new mailing address, if applicable: JACKSONVILLE FLORIDA 32246 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If 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
AMBR	YARIV GOLAN	4870 E DEER LAKE DR EAST	■ ∧dd
		JACKSONVILLE FLORIDA	□ Remove
			Change
AMBR	ADAHAN MOSHE	4629 GOLDEN SPIKE CT	Add
		JACKSONVILLE FLORIDA	■ Remove
			Change
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			□ Remove
		 	□ Change
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