

L150000 84085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

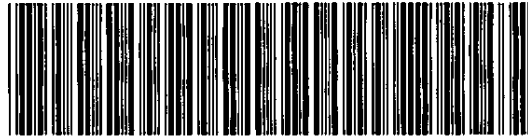
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 18 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAX INV4 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OR PANDO

Name of Person

JACKSONVILLE HOME MANAGEMENT

Firm/Company

6950 PHILIPS HIGHWAY, SUITE 27

Address

JACKSONVILLE, FLORIDA, 33216

City/State and Zip Code

ORPANDO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OR PANDO

347 6359993

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

JAX INV4 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 12, 2015 and assigned
Florida document number L1500084085

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6950 PHILIPS HIGHWAY, SUITE 27

JACKSONVILLE, FLORIDA, 33216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE HOME MANAGEMENT

6950 PHILIPS HIGHWAY, SUITE 27

JACKSONVILLE, FLORIDA, 33216

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:

6950 PHILIPS HWY, SUITE 27

Enter Florida street address

JACKSONVILLE

City

Florida

33216

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.

If Changing Registered Agent, Signature of New Registered Agent

SECRET
TALLAHASSEE, FLORIDA
2015 NOV 11 PM 2:35

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NIR ITZHAKY	62 KESHET STREET	<input type="checkbox"/> Add
		REUT MODIIN, 7179902	<input checked="" type="checkbox"/> Remove
		ISRAEL	<input type="checkbox"/> Change
AMBR	AVIVA GUSTKOVSKY	24 HAATZMAUT STREET	<input checked="" type="checkbox"/> Add
		HERZELIA, 4678938	<input type="checkbox"/> Remove
		ISRAEL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
216 NOV 17 PM 2:35

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

N. Itzhaky

Typed or printed name of signee

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-17-2001 BY 60322 UCBAW