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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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S. YOUNG

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	JV Dollar S					
000,000		Name of Limited Liability Company				
The enclo	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter	•			
		JAAFF OCCIDASSE				
		JV DOLLAR STORE, LLC	Name of Person			
		26201 SW 125 AVE	Firm/Company			
		HOMESTEAD, FL 33032	Address			
		JAAFF.OCCIDASSE@MYM	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For furthe	er information co	oncerning this matter, please ca	all:			
JAAFF (OCCIDASSE		305 458-6217 at ()			
	Name of	f Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25. 0	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

JV DOLLAR STORE, 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 Organization for the Liab	Company were filed on JUNE 25, 2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
J's WORLDWIDE PRODUCTS, LLC.		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
	5 5	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name | **Address** Type of Action □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ee .·	AUGUST 1, 2019
an effe Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	<u>Elifi</u> .

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00