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T. MATTHEWS FEB 21 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 'JSWR 1446 LLC Name of Limited Liability Company
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:
the following:
7
Zane Lovelace
Name of Person
Firm/Company
1317 Edgewater Dr. #3181
Address
0010 1 51 319011
Orlando, FL 32804 City/State and Zip Code lovelace. Zane Dyahoo. com E-mail address: (to be used for future annual report notification)
lovelace fam Dycha.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
tane Lovelace au 816 1 240-3705
Zane Love ace at (916) 240-3205 Name of Person at (916) Daytime Telephone Number
Enclosed is a check for the following amount:
[] \$25.00 Eiling For \(\frac{1}{2}\) \$23.00 Eiling For \(\frac{1}{2}\)
☐ \$25.00 Filing Fee
(additional copy is enclosed) Certified Copy
(additional copy is enclosed
Mailing Address: Street Address:
Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa (A Florida Limited	22 FF3 -7 PH 3: 13
The Articles of Organization for this Limited Liability Company Florida document numberL\5\0016727\ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Drlando, FL 32804 1317 Edgewater Dr. #3181 Drlando, FL 32804
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent: Re5151 New Registered Office Address: 7901	4+h St. N. Ste. 300 Enter Florida street address
St. Pete	Florida 33702 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

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	Jaswir Kaur Kartar Singh	709 Cape Coral PKWY. W	🗆 Add
		Cape Coral FL 33914	\Remove
			□Change
m <u>GR m</u> GRM	Zane Lovelace	1317 Edgewater Dr. #3181	XAdd
		Orlando, FL 32804	□Remove
			□Change
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			□Remove
			Change
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an effe lote: I	we date, if other than the date of filing: 10 21 2021 (optional) ctive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
record is file	
13 1110	26 Jan. 2022.
13 1110	2 0 1
13 1110	26 Jan. 2022. Signifure of a member or authorized representative of a member

Filing Fee: \$25.00