Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20000000083 Phone : (305)932~6262 Fax Number : (305)933~9393

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAS HOUSES LLC

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OCT 19 2016

## COVER LETTER

|                  | gistration Sec<br>vision of Corp |   |  |  |  |
|------------------|----------------------------------|---|--|--|--|
| SUBJECT:         | JAS HOUSE                        | es llc  |  |  |  |
| anniect:         |                                  | Name of Limited Liability Company                     |  |  |  |
| The enclose      | d Articles of A                  | mendment and fee(s) are subr                          | nitted for filing.                           |  |  |
| Please retur     | n all correspon                  | dence concerning this matter t                        | to the following:                            |  |  |
|                  |                                  | Daniel J. Serber, Esq.                                |  |  |  |
|                  |                                  |   | Name of Person                               |  |  |
|                  |                                  | Serber & Associates, P.A.                             |  |  |  |
|                  |                                  |   |  |  |  |
|                  |                                  | 2875 NE 191 Street #801                               |  |  |  |
|                  |                                  |   |  |  |  |
|                  |                                  | Aventura, FL 33180                                    |  |  |  |
|                  |                                  |   | City/State and Zip Code                      | <del></del>  |  |
|                  |                                  | djs@serberlawfirm.com                                 | 15.5   |  |  |
| For further      | information co                   | e-mail address: ()<br>neerning this matter, please ca | to be used for future annual report notific  | estion)  |  |
| Alexandra        |                                  | moorning time matter, process so                      | 305 932-6262                                 |  |  |
|                  | Name of                          | Person  | Area Code Daytime                            | Telephone Number   |  |
| Enclosed is      | a check for th                   | e following amount:                                   | ·  | ,  |  |
| <b>2</b> \$25.00 | Filing Fee                       | □ \$30.00 Filing Fee & Certificate of Status          | 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

| . JAS HOUSES LLC   |                          |   |                         |
|--|--------------------------|---|-------------------------|
| (Name of the Limited Liabi)<br>(A Florid   | ity Compa<br>a Limited I | ny as it now appears on our records<br>Liability Company) | <u>ы</u>                |
| The Articles of Organization for this Limited Liability ( Florida document number L15000195509   | Company<br>              | were filed on 11/18/2015                                  | and assigned            |
| 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."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  1025 92nd Street #304  Bay Harbor Islands, FL 33154  1025 92nd Street #304  Principal office address, if applicable: |                          |   |                         |
| A. If amending name, enter the new name of the lim   | ited liab                | ility company here:                                       |                         |
|  |                          |   | (A)                     |
| The new name must be distinguishable and contain the words "Lin  | nited Liabi              | lity Company," the designation "LLC"                      |                         |
| Enter new principal offices address, if applicable:  |                          | 1025 92nd Street #304                                     |                         |
| Principal office address MUST BE A STREET ADD  | RESS)                    | Bay Harbor Islands, FL 33154                              |                         |
|  |                          |   |                         |
| Enter new mailing address, if applicable:  |                          | 1025 92nd Street #304                                     | 음을 <b>-</b>             |
| (Mailing address MAY BE A POST OFFICE BOX)   |                          | Bay Harbor Islands, FL 33154                              |                         |
| R If amonding the registered agent and/or regis  | stered of                | ffice address on our records                              | enter the name of the m |
| registered agent and/or the new registered office add  |                          |   |                         |
| Name of New Registered Agent: Serbe  | er & Assoc               | ciates, P.A.  |                         |
| New Registered Office Address: 2875  | NE 191 S                 | treet, Suite 801  |                         |
|  |                          | Enter Florida street address                              | ŗ                       |
| Aven   | tura                     | , Flo   | orida 33180             |
|  |                          | 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

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        |
|--------------|-------------------|--------------------------------|-----------------------|
| MGR          | CROTTIN GROUP LLC | 1025 92ND ST. 304 BAY HARB     |                       |
|              |                   |                                | П Remove              |
|              | •                 |                                | Change                |
| MGR          | JUDITH LIPATIN    | 1753 NW 74th Way, Pembroke Pin |                       |
|              |                   |                                |                       |
|              |                   |                                | D Change              |
| MGR          | IAEL LIPATIN      | 1753 NW 74th Way, Pembroke Pin | D Add                 |
|              | ·                 |                                |                       |
|              |                   |                                | Change                |
|              |                   |                                | Add                   |
|              |                   |                                | Remove                |
|              | •                 |                                | Change                |
|              |                   |                                | □ Add                 |
|              |                   |                                | OChange FLORDE Remove |
|              |                   |                                | ORA Remove            |

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| ffective da                       | ate, if other than the da                       | ite of filing:               |                      | Cti - commanda de ma | (optional        | )<br>- Durmont to | . 605 D20   |
| an effective                      | date inserted in this block                     | c does not meet t            | the applicable statu | tory filing require  | ements, this dat | e will not be     | listed a    |
| lote: If the                      | effective date on the Depa                      | Timeni of State              | s records.           |                      |                  |                   |             |
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| ocument's<br>e record<br>The 90th | October 10                                      | d Is filed.                  | 2016                 |                      | 7. 10            |                   | T =         |
| e record The 90th                 | October 10                                      | d Is filed.                  |                      |                      | 7. 10            | 2015              | FILE        |

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