215000202068

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COVER LETTER

TO:	Registration So Division of Con			
CHD IE	JAX RST1	LLC		
SUBJE	.cı:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		SMADAR VAKNIN		
			Name of Person	
		JAX RST1 LLC		
			Firm/Company	
		411 NE 2ND AVE		
			Address	
		HALLANDALE, FL 3300	9	
			City/State and Zip Code	
		avalongusa@gmail.com		
.			to be used for future annual report noti	fication)
For fun	ther information of	concerning this matter, please ca		
SMAD	OAR VAKNIN		954 2710999 [°] , Area Code Daytim	
	Name (f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	5.00 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)
, '	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX RST1 LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our records.</mark>) Liability Company)	**************************************
The Articles of Organization for this Limited Liability Company Florida document number L15000202068	were filed on 12/03/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "LAL.C."
Enter new principal offices address, if applicable:	411 NE 2ND AVE	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE, FL 33009	ر <u>د</u> ع
		<u> </u>
Enter new mailing address, if applicable:	411 NE 2ND AVE	
(Mailing address MAY BE A POST OFFICE BOX)	HALLANDALE, FL 33009	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		***************************************
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SMADAR VAKNIN	20314 NE 34 CT, Aventura FL 331 <i>80</i>	■ Add
			Remove
			Change
			Add
			Remove
			Change
		 	□ Remove
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Signature of a member of authorized representative of a member	ated	4.28.17
Signature of a member or authorized representative of a member		Chi stiesman

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Filing Fee: \$25.00