

L15000202070

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAX RST2 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:

Yariv Golan

Name of Person

JAX RST2 LLC

Firm/Company

6900 PHILIPS HWY STE 36

Address

JACKSONVILLE FL 32216

City/State and Zip Code

GYARIV@GMAIL.COM

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

For further information concerning this matter, please call:

Yariv Golan

904 3658984
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

FILED
17 JAN 17 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JAX RST2 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 December 03, 2015 and assigned
Florida document number L15000202070.

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)

6900 PHILIPS HWY STE 36

JACKSONVILLE FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6900 PHILIPS HWY STE 36

JACKSONVILLE FL 32216

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:

6900 PHILIPS HWY STE 36

Enter Florida street address

JACKSONVILLE

City

Florida

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FLORIDA

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>	<u>Type of Action</u>
AMBR	YARIV GOLAN	87 HASHALOM AVE	<input type="checkbox"/> Add
		KARMIEL, ISRAEL 21998	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOTI ETGAR	SNUNIT 27	<input checked="" type="checkbox"/> Add
		SHLOMI, ISRAEL 22832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA
filing. Pursuant to 605.02
date will not be listed

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 01 2017

YARIV GOLAN

Filing Fee: \$25.00