K16000202238

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

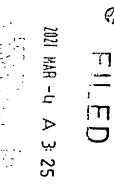
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COVER LETTER

Tallahassee, FL 32314

	tion Sect of Corpo				
	SECURI	TIES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The engloced Arti	alac of A	mendment and fee(s) are sub	mitted for filing		
		dence concerning this matter			
	-	SWAPNIL SHAH			
			Name of Person		
			Firm/Company		
		2110 NW 95 AAVE			
			Address		
		DORAL. FL 33172			
		sjs@mahudi.com	City/State and Zip Code		
		· •	to be used for future annual report notific	cation)	
For further inform	nation con	cerning this matter, please ca	all:		_
SWAPNIL SHAF	i		305 592=2712 at ()	202	FS
	Name of P	erson	Area Code Daytime	Telephone Number HAR	TI
Enclosed is a chec	k for the	following amount:		<u> </u>	: T1
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	Ū
•	ation Se		Street Address: Registration Sect		
Division of Corporations P.O. Box 6327		porations	Division of Corp The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JNS SECURITIES LLC	·	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on Oct. 27, 2016	and assigned
Florida document number L16000202238		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		700
		3 7
B. If amending the registered agent and/or registered offic	e address on our records, enter the	
agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	D III
		, ŵ O
Name of New Registered Agent:		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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

Title	Name	Address	Type of Action
AMBR	BHAVANA SHAH TRUST F/B/O SWAPNIL SHAH	2110 NW 95 Ave., Doral, FL 33172	X Add
	F/B/O SWAPNIL SHARI		Remove
			☐ Change
AMBR	BHAVANA SHAH TRUST	2110 NW 95 Ave., Doral, FL 33172	X Add
	F/B/O SHAIL SHAH		☐ Remove
			🖸 Change
		 	☐ Add
			Remove Q
			Add Add
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<u>fote:</u> If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	uirements, this date will not be	listed a
detinent 3 effective tiste of the Department of State 3 feedings.	홍. 坱 화교 >	J
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	o continue of (b) The (M) days	. A L
is filed.	e earner of: (b) The your day a	HIEL IN
ated Morch 3rd 2021		
Signature of a member or authorized representative of a n	nember	
Signature of a incliner of approximent telrescriptive of a presentative of a present		