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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJI	JSingles LI	.c					
		Name of Lim	ited Liability Company				
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filling.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Shoshana Shifman					
			Name of Person				
		JSingles LLC					
			, , , , , , , , , , , , , , , , , , , ,				
		7441 Wayne Avenue Apt 15J					
			Address				
		Miami Beach FL 33141					
			City/State and Zip Code				
		Shoshana1.kos@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information c	oncerning this matter, please ca	all:				
Naftol	li Gottesman		786 7193588				
	Name o	f Person		e Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$2	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)			

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

JSingles LLC				
(Name of the Limited Liabili (A Florida	y Company as it now appears on our r Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned		
Florida document number 3700784834	.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
JSinglesCruise LLC				
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	الشبيو ولايتما		
		a service and the service and		
Enter new mailing address, if applicable:		75		
(Mailing address MAY BE A POST OFFICE BOX)		and the		
Muning address MAI BLA POST OFFICE BOA				
		\$- -		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	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 = Mana AMBR = Auth	ager orized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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			7
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an effective date	if other than the is listed, the date must	t be specific and	d cannot be p	rior to date of	filing or more	e than 90 day	(optional) s after filing) Pursuant to 6	05.0
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ated	Mod	Signature of a	menaber or a	uthorized rem	resentative of	'a member			

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Filing Fee: \$25.00