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COVER LETTER

-	itration Section ion of Corporations
SUBJECT: _	JAM HOUDINGS LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed a	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Michele Rodniques Name of Person.
	JAM HOLDINGS, LLC Firm/Company
	5711 SW 195 Terr Address
	Swithwest Ranches FL 33332. City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
Mich	Name of Person at (154) 2530024 Area Code Daytime Telephone Number
Enclosed is a c	theck for the following amount:
\$25.00 Fil	ing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$certificate of Status & \$\Bigcup \$certified Copy & \$

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

NORAGO	HOST. COM. LLC	₽ 19 AH 10:31
	lity Company as it now appears on our records.) la Limited Liability Company)	
		i i
The Articles of Organization for this Limited Liability	Company were filed on 4119	and assigned
Florida document number <u>L 17000 136</u>	<u>9</u> 57	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
JAN I-IOLDINGS The new name must be distinguishable and contain the words "Lin	LLC	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		er the name of the nev
registered agent and/or the new registered office ad-	uress nere:	
Name of Name Day Comment Assessed		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rnier rioriaa sireei aaaress	
 -	, Florida	Zip Code
	Cay	г.цэ Саж

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
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Add
		 	□ Remove
			Change
			Add
			□ Remove
			□ Change

-	
ffortive	e date, if other than the date of filing:(optional)
an effect lote: If	tive date, if other than the date of filing. ————————————————————————————————————
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated	Signature of a member or authorized representative of a member
	. /// A
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00