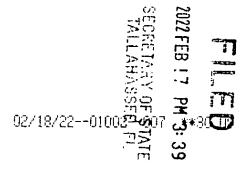
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2022 FEB 17 PM 3: 26

A. BUTLER FEB 17 2022

COVER LETTER

Registration Section Division of Corporations

JETT IS VILLAGE LLC

SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Khetpapol Limphoka		
		Name of Person	
	IFTUS LLC		
		Firm/Company	
	5500 SW 17th Ct		
		Address	
	Gainesville, FL 32608		
	·	City/State and Zip Code	
	ifitisgainesville@gmail.com	n	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Khetpapol Limphoka		253 653-7548	
		at () Area Code Dayti	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IF IT IS VILLAGE LLC		
(<u>Name of the Limited Liab</u> (A Flori	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on and a	ssigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "	L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register agent and/or the new registered office address here	ered office address on our records, <u>enter the name of the no</u> e:	w registe
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 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>	Address	Type of Action
AMBR	HETT IS LLC	5500 SW 17th Ct, Gainesville, FL 32608	≣ Add
			= Add
			□Remove
			□Change
AMBR	КИЕТРАРОГЛІМРИОКА	2335 SW 35TH PL, A4T 20 Gainesville, FL 32608	□Add
			≣Remove
AMBR	PUNNADA LIMPHOKA	2335 SW 35TH PL, APF 20 Gainesville, FL 32608	□Change
			□ Add
			■Remove
			□ Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□n
			□Remove
			□Change

Ffective date, if other than the date of filing:		
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