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(Re	questor's Name)	
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	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	¥
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APPROVED AND FILED 2019 MAR 22 AH 11: 40 SECRETARY OF STATE INT ABLASSEE, PLODESTATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2019

JOVANNY VALDES 12721 SW 53RD ST MIRAMAR, FL 33027

SUBJECT: JAYJO MANAGEMENT LLC Ref. Number: L18000030295

We have received your document for JAYJO MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days-or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00004703



AM 11:

- ARTICLES O	F AMENDMENT		
	ТО		
A RTICLES OF	FORGANIZATION	I	
ARTICELS	OF		
Jayjo Managem (<u>Name of the Limited Lidbillity Co</u> (A Florida Limit	ent LLC <u>mpany as it now appears on ou</u> ited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on Febr	uary 2, 2018 and assigned	
Florida document number <u>L18000030395</u>		0	
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 I	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
(Principal office address must be A strang Reported	<u> </u>	21	
		er HK	
		L'AT	AP
Enter new mailing address, if applicable:		N N	FILAR PR
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-m26
			<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our <u>here</u> :	records, <u>enter the name oleth</u>	<u>le new</u>
Name of New Registered Agent:			
New Registered Office Address:			
TATI IN PROVINE COMPANY	Enter Florida str	eet address	
		, Florida	<u></u>
	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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Jovanny Vaides	12721 SU 535t Miramar, FL 3302=	CAdd
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			Change
			∧dd
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			□ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	
	Signature of a member of authorized entresentative of a member
	Signate of a nemoci autorized of a state
	Jason Vaides
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00