# L1800004976Z

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#### **COVER LETTER**

Div	ision of Corpa	rations		
SUBJECT:	Jax TDA Hole	dings LLC		
SUBJECT		Name of Limite	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	itted for filing.	
Please returi	n all correspond	dence concerning this matter to	the following:	
		Izia Rokosz		
			Name of Person	
		Jax TDA Holdings LLC		
			Firm/Company	<del></del>
		50 Meadow Lanc		
			Address	<del></del>
		Lawrence NY 11559		
			City/State and Zip Code	
		iziarokosz123@gmail.com		/
		E-mail address: (to	be used for future annual report	notification)
For further	information cor	neerning this matter, please cal	1:	
tzia Rokosz	Z		516 3129454 at ()	
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	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:

TO:

**Registration Section** 

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

Jax Tax Deed Applications Holding LL	C	
(Name of the Limited I (A l	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L18000049762	lity Company were filed on 02/26/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
lax TDA Holdings LLC		
The new name must be distinguishable and contain the word:	s "Limited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicabl Principal office address MUST BE A STREET A		SECRET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	T PH 2: I
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, e address here:	enter the name of the I
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	, Flori	ida
•	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Change
	<del></del>		
			Remove
			□ Change

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lf an ef Note:	tive date, if other than the date of filing:
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	4/13/2019
	Signature of a metaber or authorized representative of a metaber