1180000 64027

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(Address)
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7/9/18/25

COVER LETTER

TO:	Registration Se Division of Co		•				
OLUD I		JITY PARTNERS LLC					
20.B1	JECT:	Name of Lim	ited Liability Company				
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	e return all correspo	ondence concerning this matter	to the following:				
		Mike Jenner					
Name of Person							
EMJAY GROUP LLC							
Firm/Company							
1401 Brickell Ave, Ste 320							
Address							
	·						
		mike@emjay.group	to be used for future annual report notif	-antion)			
For fu	urther information	concerning this matter, please c		(Caron)			
Mike	Jenner		305 218.3704				
	Name (of Person	Area Code Daytime	Telephone Number			
Enclo	osed is a check for t	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:

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

JEDI EQUITY PARTNERS LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000064027	were filed on 03/12/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
POSTMAN FINANCIAL LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Name Address **Type of Action** □ Add ☐ Remove ☐ Change □ Add __

Remove _□ Change _ 🗆 Add ☐ Remove . 🗖 Change - □ Add ☐ Remove _____ Change □ Add ☐ Remove __ Change ___ __ Add _□ Remove _□ Change

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	<u> </u>				
					
ective data if a	her than the date o	03/09/2018	3	(optional)	
effective date is lis	ed, the date must be spec	cific and cannot be prior		han 90 days after filing.) I	
		ent of State's records.	inle statutory ming rec	quirements, this date w	iit not be listed
	es a delayed effect fter the record is		t an effective time	e, at 12:01 a.m. o	n the earlier
ne sour day e	itel the record is)			
ed July 2	$\sim \Lambda$ /	2018			
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Filing Fee: \$25.00