L18000 241 649

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: _____ Jada LLC _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____ Drew R. Alexander _____
Name of Person

_____ Jada LLC _____
Firm/Company

_____ 1198 edgewood avenue South jax fla 32205 _____
Address

_____ jax, fla 32205 _____
City/State and Zip Code

_____ Drewralexanderd the americanartists - com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ Drew R. Alexander _____ at (904) 465 5675
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                         (additional copy is enclosed)   Certified Copy
                                                                                     (additional copy is enclosed)

MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

_\9da UC_

The Articles of Organization for this Limited Liability Company were filed on ___/0/12/18___ and assigned

Florida document number ___L 18000241644___ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)   _____

_____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

**B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the r</u>
<u>registered agent and/or the new registered office address here</u>:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____ , **Florida** _____

City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t
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, <u>Signature of New Registered Agent</u>

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being add</u>
<u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	glen newman	1188 Edgewood Ave S.	☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _august 20/2019, imediately_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____08/19/19_____ . _____ .

_____
Signature of a member or authorized representative of a member

_____
Drew R. Alexander
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00