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الأرادي ويجال مخطيم **COVER LETTER**

TO:	Registration Se Division of Cor			
erin ir	LocalJani, l	LLC		
SUBJE	.ci:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	retum all correspo	ondence concerning this matter	to the following:	
		Robert Shor		
		LocalJani, LLC	Name of Person	
		11471 W. Sample Rd. Suit	Firm/Company e 36	
		Coral Springs, Fl. 33065	Address	
		bobshor53@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Robert	Shor		954 650-6318 at ()	
• ,	Name o	of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	he following amount:		
□ \$2±	5,00 Filing Fee	S30.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

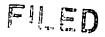
Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

To whom it may concern,

I am requesting a slight name change due to an error I made when I submitted my application. I am doing this with a cover letter because it may not be easy to see that the only error was not leaving a space between the two words LocalJani. On the original submission I incorrectly listed my LLC as LocalJani (one word), but it really is two separate words, i.e. Local Jani.

Thank you for your attention to this matter, Robert Shor Registered agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LocalJani, LLC

2019 MAR 18 AM 11: 56

(A Florida	Limited Liability Company)	ALL WASSED FI
The Articles of Organization for this Limited Liability C	ompany were filed on 02/01/2019	
Florida document number L19000033049		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Local Jani, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		s, enter the name of the ne
registered agent and/or the new registered office add	ress here:	
Name of Nam Devictored Aponts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
	L.I.	orida
	City	orida

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

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MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than t	nust be specific and cannot be p	prior to date of filing or mo	re than 90 days after filing.) Purs	uant to 605,0
If the date inserted in this iment's effective date on the			requirements, this date will r	not be listed
	•			
		not an effective ti	me, at 12:01 a.m. on t	he earlier
ie 90th day after the r	ecord is filed.			
d March 13th	2019	·		
011	· H			
- Ko UM	J rw	authorized representative	La mambar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00