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COVER LETTER

TO:	Registration Se Division of Cor			
	THEJARI	SVEE COLLECTION LLC		
SUBJI	ECT:			· · · · · ·
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Jaris Harrison		
			Name of Person	
		THE JARIEVEE COLLEG	CTION ELC	
			Firm/Company	
		%5 BROKEN ARROW L	ANE	
Address				
		CANTONMENT, FL3253	33	
			City/State and Zip Code	
		jarisharrison@yahoo.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Jaris F	larrison		850 207-0688	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
			•	·
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 Fiting 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

THE JARISVEE COLLECTION LLC		
(Name of the Limited Liabi (A Flore	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.19000050338	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
THE JARIEVEE COLLECTION LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	RESS)	55. 19
Enter new mailing address, if applicable:		5.
(Mailing address MAY BE A POST OFFICE BOX)		1. 20
The state of the s		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our re dress here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
	m)	
New Registered Office Address:	Enter Florida street	address
	zmier i minima mices	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registere	•	74p Ста
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duti igent as provided for in Chapter red office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is

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>:

MGR = M $AMBR = A$	R = Manager 3R = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	b6∧ □
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			☐ Remove
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			□ Remove
			Change

** **	
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an effective date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 does not meet the applicable statutory filing requirements, this date will not be listed trinent of State's records.
e record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier is filed.
April 9	2019
Pated	
Sign	nature of a member authorized representative of a member

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Filing Fee: \$25.00