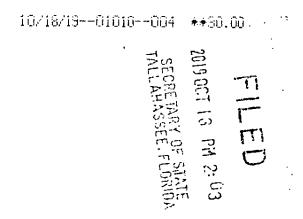
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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer;	





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COVER LETTER

TO: Registration So Division of Co		· .	•
JAY-BIZ I	LC	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jaasiel Lacayo		
		Name of Person	
	JAY-BIZ LLC		
		Firm/Company	
	7608 SW 8TH CT		
		Address	
	North Lauderdale Florida,	33068	
	Jaasiel.Lacayo@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Jaasiel Lacayo		305 332-2302 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fcc	\$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

JAY-BIZ LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>02/27/2019</u>	and assigned
Florida document number L19000057371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office <u>address MUST BE A STREET ADDRESS</u>	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.550 万
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>e</u>	952 5 M
		03
Name of New Registered Agent:		. <i>Y</i>
New Registered Office Address:	Enter Florida street address	
		_
	, Florid	da Zin 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>	<u>Address</u>	Type of Action
MGRM	Jaasiel Lacayo	7608 SW 8TH CT North Lauderdale, FL 33068	Add
			Remove
			□ Change
			□ Remove
		Remove	
			☐ Change
			Remove
			□ Change
		<u> </u>	
		□ Remove	
		Change	
	·	Remove	
		<u> </u>	Change

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If an offe Note:	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90th day after the record is filed.
Dated _.	
	Signature of a member or approximative of a member
	Signature of a member of arthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00