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COVER LETTER

O: Registration Section Division of Corporations	
URJECT: Tay Koly Production Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Bendamin Jarkow Name of Person	
Name of Person	
Firm/Company	
18041 Biscarne Blud Apt. 802	
Aventura, FL, 33160	
Aven fuva, FL, 33160 City/State and Zip Code Bennyl 59 W gmail. Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ben Jam, h Javkow at (323) 206-8883 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigs\psi \\$30.00 Filing Fee \& Certificate of Status \$\text{Certified Copy} (additional copy is enclosed) \$\Bigs\psi \\$60.00 Filing Fee, 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

Javkow Producti	ion LCC
(Name of the Limited Lia (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{4/1/2019}{}$ and assigned
The Articles of Organization for this familied Enablin	and assigned
Florida document number <u>L19000089086</u>	 ·
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Jarkow Product	ions uc.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET AI	
	SECRE 3
	22 3 11
Enter new mailing address, if applicable:	- April 1
•	
(Mailing address MAY BE A POST OFFICE BOX	(1) TE (2)
D 16 di diidddd/	registered office address on our records, enter the hame of the new
b. It amending the registered agent and/or registered agent and/or the new registered office:	address bere:
	
Name of New Registered Agent:	
Table of twee registered right.	
New Registered Office Address:	Finter Florida street address
	rauer riorida sireei adaress
-	, Florida
	City Zip 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>	Name	<u>Address</u>	Type of Action
MGR	BanJamin Jarkow	18041 Biscayne Blud Apt-802	B Add
		Aven tuva, FL, 33160	Remove
			Change
		☐ Remove	
		.	Change
			D Add
			□ Remove
			Change
			□ Remove
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			CJ Add
			☐ Remove
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			Add
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			Change

Effective date, if other than the date of filing:		· - ••				• • • • • • • • • • • • • • • • • • • •
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated		<u></u>				
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated			·········			
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated $\frac{5/3}{\text{Bern}}$ and $\frac{2019}{\text{Authors}}$	Note: If the date in	serted in this block doe	s not meet the app	licable statutory filing	(optional) ore than 90 days after filing.) I g requirements, this date w	Pursuant to 605,0207 (ill not be listed as t
The 90th day after the record is filed. Dated 5 / 3 /						
Dated 5/3/ 2019. Signature of a member or authorized representative of a member				not an effective t	ime, at 12:01 a.m. o	n the earlier of:
Signature of a member or authorized representative of a member	Dated5	1>1		9		
organisms of a member of aumorized representative of a member		Den	Jack		of a mamba-	
Ben Jamin Jarkow Typed or printed name of signee		Signatui	re or a member of at	unorized representative	or a memoer	

Page 3 of 3

Filing Fee: \$25.00

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(Requestor's Name)	
(Address)	000328444900
(Address)	000020444000
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			\$ \$
SUBJI		ary Agency, LLC	X w	_
		Name of Limi	ited Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Shemuel B Yehudah		
			Name of Person	·
		358 Sheffield O	Firm/Company	
		West Palm Beach, FL 3341	Address	
		madibabs@outlook.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information co	oncerning this matter, please ca	all:	
Shemi	uel B Yehudah		561 332-9995 at ()	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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

Madiba Notary Agency, LLC-			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com L18000082996 Florida document number	npany were filed on	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
Madiba Business Services, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "l	"L.C."
Enter new principal offices address, if applicable:			
• •			
(Principal office address MUST BE A STREET ADDRES	55)		
	<u></u>		
		ZOI9 MA SECRL TALL	
Enter new mailing address, if applicable:			· - [-]
(Mailing address MAY BE A POST OFFICE BOX)		- 1:5 - L	danta.
		\$ \$. }\}	ASTERIOR .
			[[] []
B. If amending the registered agent and/or register	red office address on our records, ent	ter the name	of the new
registered agent and/or the new registered office addres	ss here:	JE J	,
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	imer i tortua street autress		
	, Florida		
	City	Zip 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
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ne record specifies a delay The 90th day after the r	ved effective date, b ecord is filed.	ut not an effectiv	e time, at 12:01 a.r	n, on the earlier o
May Dated	2019			
	111 1			
	14/164	or authorized representati		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00