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COVER LETTER

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

JAJO SH	extegic	ALLIA.	nces L		
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now a Limited Liability Cor	y appears on our mpany)	records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L19000337</u>	Company were tiled	I on9	/19/19	and assigned	.i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability comp	oany here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Compan	y," the designatio	n "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			·		
(Principal office address MUST BE A STREET ADDI	<u> </u>				 .
Enter new mailing address, if applicable:				2019 00	-n
(Mailing address MAY BE A POST OFFICE BOX)				7 2	5
				112	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our r	ecords, <u>enter</u>	the name of the	ie nev
Name of New Registered Agent:		· 			
New Registered Office Address:	E.	mer Florida stree	t address		
			, Florida _		
	City		, 1 1011014	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
NGR	SosePh D. Aylward	5921 ESTEROBIND FT, MYERS BOOCH, FL 33931	√ \$∕∧dd
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Note	tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	10/21 2019 Janua Caylumsel
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00