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	Registration So Division of Cor			
tin iliz	P-JAYS LI			
OBJEC	T:		ited Liability Company	
he encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease re	turn all correspo	ondence concerning this matter	to the following:	
		JASON HULA		
			Name of Person	
		P-JAYS LLC		
			Firm/Company	
		4431 SW 105TH DRIVE		
			Address	
		GAINESVILLE, FLORID	A 32608	
		JASON_HULA@HOTMA	City/State and Zip Code IL.COM	
		E-mail address: (to be used for future annual report noti	fication)
or furth	er information c	concerning this matter, please ea	all:	
ASON	HULA		352 281-5727	
	Name c	of Person	at () Area Code Daytim	e Telephone Number
nclosed	l is a check for t	he following amount:		
1 \$25.0	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	
P-JAYS	LLC	7019 HT

(Name Victor 12m)	(A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on <u>C</u>	OCTOBER 18, 2019 and assigned
This amendment is submitted to amend the fol		
A. If amending name, <u>enter the new name</u>	of the limited liability company	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
3. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the n
Name of New Registered Agent:	JASON HULA	
New Registered Office Address:	4431 SW 105TH DRIVE	
	Enter Fi	orida street address
	GAINESVILLE	Florida ³²⁶⁰⁸
	City	Zin Code

ew Registered Agent's Signature, if changing Registered Agent;

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Register 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PATRICK SMITH	13417 NW 19th PLACE GAINESVILLE, FLORIDA 32606	⊟ Add
			□ Remove
			☐ Change
MGR	JOHN ROBERTS	11285 SW 34th ROAD GAINESVILLE, FLORIDA 32608	
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			u change

	inges made via this submission included:
	- New registered agent - Jason Hula
	- ADD Patrick Smith as a MGR/Authorized person
	- REMONE John Roberts as a MGR / Athorized person
	NOVEMBER 14, 2019
ve da	te, if other than the date of filing: (optional)
If the o	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
ent's e	ffective date on the Department of State's records.
ord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
90th	day after the record is filed.
NOVE	MBER 14, 2019
	Signature of a member or authorized representative of a member
_	Signature of a membed or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

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Filing Fee: \$25.00