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SECRETARY OF STATE FALLAHASSEE, FLORID!

COVER LETTER

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TO:

TO: Registration So Division of Cor			
subject: <u> </u>	Mataji of C	Okeechobee LL (ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ashokkum	ar Patel Name of Person	
	Jai Nlataj	i of Okeecho	bee LLC
	601 N. Pa	rrott Ave.	
	Okeechob	City/State and Zip Code	
	andypate/10	10@ yahoo, Com	fication)
For further information c	concerning this matter, please c	all:	
Ashokkum Name (ar Patel	at (<u>863</u>) <u>697-</u> Area Code Daytim	1689 oc Telephone Number
Enclosed is a check for t	he following amount:		
₹ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	etion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Jai Natai of Ok</u> (<u>Name of the Limited Liability C</u> (A Florida Lit	COCHODES LLC Company as it now appears on our record- mited Liability Company)	<u>~)</u>
The Articles of Organization for this Limited Liability Com Florida document number $\underline{L}\underline{\lambda}\delta O\delta OO33113}$.	npany were filed on <u>01/27/20</u> 2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Jai Mataji of Okeecho. The new name must be distinguishable and contain the words "Limited"	pee LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	AE A
		7 30 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		5m G
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		1
New Registered Office Address:	·	
	Enter Florida street addres.	S.
		orida
	City	7,1f) C 0,de

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			ZEORE VALLAH
			ZEORETARY OF STATE
			요돌 크리Remove
			Change
			□Remove
		-	Change
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ective date, if other than the date of filing:	(optional)	
reffective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	gor more than 90 days after filing.) Pursuant to 60 Hilling requirements, this date will not be lis)5.0207 sted as
authent's effective date of the reparation of state a records.		
peord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The 90th day aft	er the
sed March 26 . 2020 . Signature of a member or authorized represen		
V , //—		

Filing Fee: \$25.00