L20000043468

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2022 JAN 24 AM 7: 45
SECRETARY OF STATE
TALL AHASSEE, FL

O SIMMONS FEB 0 4 2022

COVER LETTER

TO: Registration So Division of Co					
	VORK, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHANAH NAPOLEON				
		Name of Person			
		Firm/Company			
	8401 Lake Worth Rd., Sui	te 215			
		Address			
	Wellington, FL 33449				
	johanahnapoleon@yahoo.co	City/State and Zip Code			
	• •	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Johanah Napoleon		561 324-2805 at ()			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
★S25.00 Filing Fee	S30.00 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			porations allahassee e Street, Suite 810		
		Tallahassee, FL	Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 24 AM 7: 45

JAY NETWORK, LLC

(Name of the Limited Liability Company as it now appears on our records) LLAG 1887E. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/06/2020}{}$ and assigned Florida document number 1,20000043468 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAY NETWORK STAFFING AGENCY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8401 Lake Worth Rd. Enter new principal offices address, if applicable: Suite 215 (Principal office address MUST BE A STREET ADDRESS) Wellington, FL 33449 8401 Lake Worth Rd. Enter new mailing address, if applicable: Suite 215 (Mailing address MAY BE A POST OFFICE BOX) Wellington, FL 33449 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Johanah Napoleon Name of New Registered Agent: 8401 Lake Worth Rd., Suite 215 New Registered Office Address: Enter Florida street address , Florida ³³⁴⁴⁹
Zip Code Wellington City

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			
			Петоче
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change
+			□Add
			□Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an et Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	January 18 . 2022
	Signature of a member or authorized representative of a member
	Johanah Napoleon
	Typed or printed name of signec

Filing Fee: \$25.00