## 120000 93376

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JUN 13 2020 S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	rporations		
· M & Y Of			<b>u</b>
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Meilyn Y Rodriguez Chor	ıg	
		Name of Person	<del>.</del>
	M & Y Of Jax LLC		
		Firm/Company	
	3102 W 6th St		
		Address	
	Jacksonville, FL 32254		
		City/State and Zip Code	<del></del>
	clickpro2020@gmail.com	to be used for future annual report no	
For further information e	concerning this matter, please c	·	ntication
Meilyn Y Rodriguez Cho	ong	904 423-7891 at ()_	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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)
Mailing Address		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, i	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & Y Of Jax LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Control document number L20000093376	Company were filed on 03/31/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2020
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	( ** ** ** ** ** ** ** ** ** ** ** ** *
Enter new principal offices address, if applicable:	2.5 P 	26
<u>(Principal office address MUST BE A STREET ADDI</u>	RESS)	3
		် တွ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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
AMBR	Meilyn Y Rodriguiez Chong	4800 Atlantic BLVD Jacksonville, FL 32207	□Add
			□Remove
			Change
AMBR	Yerili I Rodriguez Chong	3102 W 6th St Jacksonville, FL 32254	🗆 Add
			□Remove
			Change
			□Add
			🖾 Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	□Change
-			□ Add
			🗀 Remove
			□Change
			🗖 Add
			□Remove
			□Chanee

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Filing Fee: \$25.00