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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

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TO:	Registration Section
	Division of Corporation
4111777	JAVIS PROPERTY

UBJECT:	Name of Line	ited Liability Company	 			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.				
Please return all correspo	indence concerning this matter	to the following:				
	IVELISSE CALDERON					
		Name of Person				
	JAVIS PROPERTY MANA	AGEMENT, LLC				
	Firm Company					
	10876 SW 47TH AVENUE	€				
		Address				
	OCALA, FL 34476					
	IVISCAL2@GMAIL.COM	City/State and Zip Code				
	E-mail address: ()	o be used for future annual report noti	lication)			
for further information e	oncerning this matter, please ca	ill:				
VELISSE CALDERON		352 512-1344				
Name of	î Person	Area Code Daytim	e Telephone Number			
Inclosed is a check for th	ne following amount:					
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (Status & Cadditional copy is effective)			
Mailing Addres		Street Address:) =: 24			
Registration S	section	Registration Sec	ction			

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()

JAVIS PROPERTY MANAGEMENT, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000134396	were filed on <u>05/18/2020</u>	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C	· · ·
Enter new principal offices address, if applicable:		. ,	
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		A al Cal	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new r	egiste
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida stree	address	
		, Florida	
	City	Zip Code	<i>(?)</i>
New Registered Agent's Signature, if changing Registered Agent:	<u>1</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my dut provided for in Chapter	ies, and Lam famfliar with v 605. F.S. Or, if this docum	und ent is

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	ALBERTO J. PAYANO	10876 SW 47TH AVENUE	
		OCALA, FL 34476	Remove
AMBR	JESUS A. PAYANO	10876 SW 47TH AVENUE	
		OCALA, FL 34476	ŒRemove
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Note: If the date inserted in this I	block does	not meet the	applicable stat	utory filing re	quirements, th	is date will n	ot be li	sted as
locument's effective date on the	Department	t of State's re	ecords.					
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record specifies a delayed effect d is filed.	ive date, bu	it not an effe	ctive time, at 1	2:01 a.m. on t	he earlier of: (b) The 90th		ter the
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MARCH 30		2021					MFR 28	****
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Typed or printed name of signee