

9/12/23, 2:40 PM

Division of Corporations

H23000320927

**L20000/64330**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : I20210000107  
Phone : (813)284-4727  
Fax Number : (813)436-8460

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: notices@venerable.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JPARKER CAPITAL LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 SEP 12 PM 2:42

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SEP 13 2023

TO: Registration Section  
Division of Corporations  
JPARKER CAPITAL LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

JASON SAMPSON  
\_\_\_\_\_  
Name of Person  
  
Venerable Corporate and Trust Services, LLC  
\_\_\_\_\_  
Firm Company  
  
301 West Platt Street, No. 657  
\_\_\_\_\_  
Address  
  
Tampa FL 33606  
\_\_\_\_\_  
City, State and Zip Code  
  
jsampson@venerable.law  
\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Jason Sampson 813 284-1727  
\_\_\_\_\_  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION  
OF

JPARKER CAPITAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/15/2020 and assigned  
Florida document number L200000164330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 West Platt Street

No. 657

Tampa FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 West Platt Street

No. 657

Tampa FL 33606

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:

Name of New Registered Agent:

VENERABLE CORPORATE AND TRUST SERVICES LLC

New Registered Office Address:

301 West Platt Street, No. 657

Enter Florida street address

Tampa

City

Florida

33606

Zip Code

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.

Jason Sampson  
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|----------------------|--------------------|--------------------------------------------|
| AP           | Sunny Capital Inc    | 25 SE 2ND AVE      | <input type="checkbox"/> Add               |
|              |                      | STE 550 PMB 193    | <input checked="" type="checkbox"/> Remove |
|              |                      | MIAMI, FL 33131    | <input type="checkbox"/> Change            |
| MGR          | Sunny Capital Inc    | 25 SE 2ND AVE      | <input type="checkbox"/> Add               |
|              |                      | STE 550 PMB 193    | <input checked="" type="checkbox"/> Remove |
|              |                      | MIAMI, FL 33131    | <input type="checkbox"/> Change            |
| Mbr          | JHaven Holdings, LLC | 30 N. Gould Street | <input checked="" type="checkbox"/> Add    |
|              |                      | Suite R            | <input type="checkbox"/> Remove            |
|              |                      | Sheridan, WY 82801 | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |
|              |                      |                    | <input type="checkbox"/> Add               |
|              |                      |                    | <input type="checkbox"/> Remove            |
|              |                      |                    | <input type="checkbox"/> Change            |

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Sep 12 2023

Jason Sampson  
Signature of a member or authorized representative of a member

JASON SAMPSON

Typed or printed name of signee