LZ0 000 175459

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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Division of Cor				•
JAC FAM	ILY LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub			
r rease return an correspo	LEXIE RIVERS			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		_
	PRIME CORPORATE SE	ERVICES		1 2
		Firm/Company	<u>.</u>	78 J
	12226 S 1000 E STE 10			
		Address		- 36 P
	DRAPER, UT 84020			2020 JUL -9 PH 3: 33 THEY WAS ELECTRICATED
	llesupport@primecorporate	City/State and Zip Code		33 23 23 23 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
LEXIE RIVERS		855 577-4639		
Name (of Person		Telephone Numbe	r
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)	Certified	ate of Status &
	ING ADDRESS:	STREET/COURING Registration Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JT Global Marketing LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000175459</u>	ere filed on 06/23/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
JT World Marketing LLC	
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)	
	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ာက်က ယုံ</u> အားက ယ
	필요 33
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the nev
New Registered Office Address:	
ite w registered office reduces.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
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Junny Ten	endignature of a member of	or authorized repre	sentative of a mer	nber		
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Filing Fee: \$25.00