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.

(((H20000286977 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone

: (954)525-7500

Fax Number

: (954)761-8475

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

Email Address:

mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JASMINE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

AUG 2 1 7070

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20000286977

JASMINE INVESTMENTS, LLC
(Name of the Limited Liability Company as it now unpears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on July 16, 2020 and assigned Florida document number L20000202086
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
JASMINE INVESTMENTS FLORIDA, 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
Now Projectory J Office Address
New Registered Office Address: Enter Florida street address
No. data
, Florida
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 eath28009036657ng added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	Remove
			Remove
			— Change
			Reinova
			Thange
			Add
			Remove
			
			Remove
		····	
			Thange

	<u> </u>				_
			· · · · · · · · · · · · · · · · · · ·	*	
					
					
			· · · · · · · · · · · · · · · · · · ·		
					
			 		
Note	ctive date, if other than the date of effective date is listed, the date must be speced. If the date inserted in this block does unent's effective date on the Department.	es not meet the applica	nble statutory filing requ	optional) 190 days after filing.) Pursuant irements, this date will not b	to 605.02 oc listed :
If the rec record is	ord specifies a delayed effective date, l filed.	out not an effective ti	me, at 12:01 a.m. on the	carlier of: (b) The 90th da	y after th
Date	AUGUST 19	2020			
		Manustr	.5		
		CECHINA	orized representative of a m		

Filing Fee: \$25.00

H20000286977