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SECRETARY OF STATE

SECRETARY OF STATE

3111/21

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C		
SUBJECT:	JATE INV	ESTMENTS, LCC mited Liability Company
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.
	oondence concerning this matte	
	Andrea	Horrest Name of Person
	0 0	Firm/Company
	PO BO	Address
	Fairfier andrea fo	City/State and Zip Code (rest 26 egmail.com
For further information c	oncerning this matter, please ca	to be used for future annual report notification)
Andrea Name o	Forrest-	at (203) 731 · 7398 Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JATE	INVEST	MENTS	المر202	M 25 PH 4: 56
(<u>Name of the Limited</u> (A	Liability Company a Florida Limited Liabi	s it now appears on our lity Company)	records. SECRE	TARY OF STATE
The Articles of Organization for this Limited Liab Florida document number	oility Company wer	re filed on Arug	. 5/ 202	20 and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability	company here:	N/A	
The new name must be distinguishable and contain the wor	ds "Limited Liability C			\sim
Enter new principal offices address, if applicab	le: _	88111	ollins	- Me
(Principal office address MUST BE A STREET	ADDRESS) _	# 110	9	20 1
	_	00/ts10	re, H	L 33154
Enter new mailing address, if applicable:	-	Po B	ox 11	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> _	tair fi	eld,	CT 0682
B. If amending the registered agent and/or reg		ress on our records,	enter the nam	e of the new registered
		NA		
Name of New Registered Agent:	0077	(-11)	4.10	#1100
New Registered Office Address:	0011	COTTINS	Ave	14 1109
	Surf	Enter Florida street	address , Florida	33154
		Ciţy		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.

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 N/A	Address	Type of Action
			□ Λ d d
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			□Add
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D. If amending	_	,	NIA)	mai anceia, y nec	соми у.ј	
							
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E. Effective date,	if other than	t h e date of fili	no:		(option	-al\	
(If an effective date	is listed, the date e inserted in thi	must be specific as s block does not	and cannot be prior to	o date of filing or mor ble statutory filing	withou 00 dove of an f	1a!) iling.) Pursuant to 605 date will not be liste	.0207 (3)(bed as the
If the record specifies record is filed.	s a delayed effe	ctive date, but no	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
Dated	rudy	19,	72021				
		Signatura		zed representative of			
		CHEHAUTE IN A	t illember or amboo	7111 1111111111111111111111111111111111	a manhar		

Typed or printed name of signee