LACCCC AUG 526

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(Business Entity Name)	·
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02/15/22--01011--010 **25.00

T. MATTHEWS FEB 2 4 2022

COVER LETTER

	Registration S Division of Co			
SUBJEC	J.T.A MP	LLC		
Sonsec	••	Name of Lin	mited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please ret	um all correspo	ondence concerning this matte	r to the following:	
		GARY PERICLES		
			Name of Person	
		J.T.A MP LLC		
			Firm/Company	
		115 ALEXANDRA CIR		
			Address	
		DELAND FL 32724		
			City/State and Zip Code	
		JTAMPLLC@GMAIL.CO		
		E-mail address:	(to be used for future annual report noti	ification)
For further	r information c	oncerning this matter, please c	all:	
GARY PE	ERICLES		386 4003005	
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	O 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)
_	lailing Addres		Street Address:	otion
Registration Section Division of Corporations			Registration Section Division of Corporations	
	.O. Box 632		The Centre of T	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.T.A MP LLC	
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/14/2020 and assigned
lorida document number L20000249826	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1235 PROVIDENCE BLVD R #1041
Principal office address MUST BE A STREET ADDRESS)	DELTONA FL 32725
Enter new mailing address, if applicable:	1235 PROVIDENCE BLVD R #1041
Mailing address MAY BE A POST OFFICE BOX)	DELTONA FL 32725
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□ Remove
			□ Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			Remove
			□ Change

	rmation, enter change(s) here: (Attach additional s	
	<u></u>	
		-14
	and the great	(antional)
Note: If the date inserted in t	the date of filing: the must be specific and cannot be prior to date of filing or more the his block does not meet the applicable statutory filing require Department of State's records.	nan 90 days after filing.) Pursuant to 605.0207 ruirements, this date will not be listed as
he record specifies a delayed ef ord is filed.	fective date, but not an effective time, at 12:01 a.m. on th	c earlier of: (b) The 90th day after the
Dated FEB 11	, 2022	
/	\mathcal{A}_{\bullet}	
	Signature of a member or authorized representative of a	member
GARY PERICLE	; ¹	
	Typed or printed name of signee	

Filing Fee: \$25.00