h200000154750

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2020

JASON PAOLINI JASON PAOLIM=NI LLC 210 10TH AVENUE N #9 JACKSONVILLE BEACH, FL 32250

SUBJECT: JASON PAOLINI LLC Ref. Number: L20000284750

We have received your document for JASON PAOLINI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00021759

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: As a Parinited 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 Action Name of Person JASON Paolin, UC Firm/Company Address
City/State and Zip Code SASON - Ac In Consultation E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 233-4282 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{S60.00 Filing Fee}. \\ \Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\text{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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASIA) (((-(-)	
(Name of the Limited Liabil (A Florid	ity Company as it now apper a Limited Liability Company)	ars on our records.)	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: inling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
Florida document number <u>L2000,784</u>	750		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company b	nere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		
	 -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, enter the nan	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
	Cin	Florida	Zio Code
	City		

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

Title	<u>Name</u>	Address	Type of Action
MGR	JAIN PAolini	210 10th gre N #	1 Add
		SAX Beach, FL Jabra	□Remove
^ ^ ^ ^ ^ ^ ^ ^ ^ ^			□Change
AMBR	Jasan Paolini	210 104 are N #9 SAX Beach, FL 32250	_ Jada
		SAX Beach, FL 32250) ☐Remove
			□ Change
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fan eft Note:	fective date is his If the date in:	ther than the sted, the date mu- serted in this ble e date on the D	st be specific ar lock does not	nd cannot be pr meet the app	licable statute	ling or more the	ian 90 days afti	ional) er filing.) Pursuant iis date will not	to 605,0207 be listed as
rd is tī	iled.	lelayed effectiv				OL a.m. on th	e earlier of: (b) The 90th da	iy after the
Dated	Nov	20	0	20	20		0,		
				I member or a	- 1	De	Jod	2	
			Signature of	a member or ay	nnorized repre	sentative of a	шешвет		

Typed or printed name of signee