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## **CORPORATE** ACCESS, \_\_\_\_

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

PICK UP: 1/14 Glinda XX **CERTIFIED COPY PHOTOCOPY CUS** XX FILING LLC AMEND JASL, LLC 1. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASL, LLC	,	
(Name of the Limited L. (A.F.	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L200 to 299</u>		212000 and assigned
This amendment is submitted to amend the followin	ğ:	
A. If amending name, enter the new name of the SLLL College the new name must be distinguishable and contain the words		ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stra	art art fran
	LARÇA F (OFRIC MF)	
	City	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 each person being added or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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Effectivities an effective Note: 15 documents	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to effective date on the Department of State's records.
e record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated 4	Jan 13 2021
	Mulgature of a member of authorized representative of a member

Filing Fee: \$25.00