## L20000331464

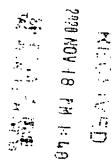
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(300),300 (200),
(Document Number)
(Boodine Namber)
Cartified Capies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500355333765

11/18/20--01001--014 \*\*25.00



2020 NOV 18 AM 8: 29

一回



**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JAYDEV LLC				
			ı	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			<del></del>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<u> </u>	Corp Record Search
				Officer Search
				Fictitious Search
Signature			<u> </u>	Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by: SETH	11/18/20		—	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Thom sevels GA BIGG	Will Pick Up			Courier

## **COVER LETTER**

TO: Registration S Division of Co		•	
SUBJECT:	Jaydev LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	-
Please return all corresp	ondence concerning this matter	to the following:	
	Jayes/	Patel Name of Person	
		Name of reison	
	·	Finn/Company	
	11517 Sand Sto	ne Rock Dr Address	
	Riverview, FL	33569 City/State and Zip Code 3 6 hot mai 1. Com to be used for future annual report notif	
	Jaypite 1133 E-mail address:	3 @ hot mai 1. Com to be used for future annual report notif	ication)
For further information	concerning this matter, please ca		
Jayesh Name	Patel of Person	at ( <u>813</u> ) 810 5 Area Code Daytime	5550 Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaydev LL	C			
(Name of the Limited Liabil		pears on our records.)		
The Articles of Organization for this Limited Liability (Florida document number <u>£200003314-66</u>		0505/19/01	and assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability compan	v here:		
Jayder LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," t	the designation "LLC" or the al	bbreviation " <b>25</b> .C."	
Enter new principal offices address, if applicable:			20 NO	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)			
			137 <b>25</b>	
Enter new mailing address, if applicable:			<u>းကြီး</u> ထ	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		· 🔠 👸	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		on our records, enter	the name of t	he new
Name of New Registered Agent:				
New Registered Office Address:	Enter	Florida street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registere	ed 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 = Manager AMBR = Authorized Member **Address** Type of Action Title Name | AMBR Jayesh Patel 11517 Sand Stone Rock Dr bradd Riverview FL 33569 \_\_ 🗆 Change \_□ Remove \_□ Change □ Add \_\_\_\_ Rem**&** \_□ Chan<del>ge</del> \_\_\_\_\_ Сһапде \_ 🗆 Add \_\_\_\_ □ Remove \_ Change □ Add \_□ Remove

\_\_\_\_\_ Change

					-,	
						-
					<del></del>	
					<del></del>	-
					<del></del> -	
			<u> </u>	<u> </u>		
				<u> </u>		
		<del></del>				
			<del></del>	<u>-</u>	<u></u>	27 G. 23 T.
						- 13 - 13 - 13 - 13
<u></u>						FA
	·		<u> </u>			<del></del>
on effective date is its	ther than the date of ted, the date must be spe erted in this block door that on the Departure	es not meet the app	olicable statutory	Of HIGHE HIRST NO GRAN	after filing.) Purs	uant to 605.020 not be listed a
The 90th day a	es a delayed effec ofter the record is	filed.		ve time, at 12:	01 a.m. on tl	ne earlier d
ated 11/1-	7/2020	· · · · · · · · · · · · · · · · · · ·	·			
	-1 a	Λ				
<del></del>	Signatu	ure of a member or a	uthorized represent	ative of a member	<del> </del>	

Page 3 of 3

Filing Fee: \$25.00