LZ0 000366789

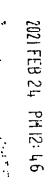
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2021

JOSEPH GORDON 6919 SILVER RUN DRIVE UNIT 202 TAMPA, FL 33617

SUBJECT: JAG STREAMS LLC Ref. Number: L20000366789

We have received your document for JAG STREAMS 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.

Irene Albritton Regulatory Specialist II

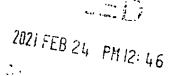
Letter Number: 321A00003291

COVER LETTER

SUBJECT: Name of Limited Liability Company	то:	Registration Se Division of Cor		·	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Gordon Name of Person JAG Streams LLC Firm/Company 6919 Silver Run Drive, Unit 202 Address Tampa, FL 33617 City/State and Zip Code jag2624@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Gordon 813 4633355 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations	OUD IE		ms LLC		•
Please return all correspondence concerning this matter to the following: Joseph Gordon	SUBJEC	JT:	Name of Lim	ited Liability Company	
Joseph Gordon Name of Person JAC Streams LLC Firm/Company 6919 Silver Run Drive, Unit 202 Address Tampa, FL 33617 City/State and Zip Code jag2624@gmail.com E-inail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Gordon Name of Person Street Address: Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Name of Corporations	The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Gordon 813 4633355 at (City/State and Zip Code	
For further information concerning this matter, please call: Joseph Gordon			=	to be used for future annual many	titiantion\
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{l} \text{at at Code} \text{ Daytime Telephone Number} \end{array}\$ Enclosed is a check for the following amount: \$\begin{array}{l} \text{striction} \text{ Filing Fee} & \text{ \$55.00 Filing Fee} & \text{ \$60.00 Filing Fee}, \text{ Certified Copy} & \text{ (additional copy is enclosed)} \end{array}\$ \text{ \text{ Mailing Address:} & \text{ Street Address:} & \text{ Registration Section} & \text{ Registration Section} & \text{ Division of Corporations} \end{array}\$	For furth	ner information c			uncation)
Enclosed is a check for the following amount: \$\Bigsize \text{\$\substack} \$\s	Joseph	Gordon			
\$25.00 Filing Fee \$\text{ \$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{ Certified Copy (additional copy is enclosed)}\$\$ Mailing Address: Registration Section Division of Corporations \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\$ Street Address: Registration Section Division of Corporations		Name o	f Person	Area Code Daytii	me Telephone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Enclosed	d is a check for th	ne following amount:		
Registration Section Registration Section Division of Corporations Division of Corporations	≡ \$ 25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations					ection
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P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		P.O. Box 632			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAG Streams LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were Florida document number L20000366789	ere filed on Nov 19 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning university BEAT OF OTTICE BOAY		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name o	f the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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

2021 FEB 24 PH 12: 46

<u>Title</u>	<u>Name</u>	Address Silver Silver Silver	Type of Action
AMBR	Joseph Gordon	Address 6919 Silver Run Drive	🗆 Add
		Unit 202	□Remove
		Tampa, FL 33617	Change
			□Remove
			□Change
	<u> </u>	<u>. </u>	□Add
			□Remove
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	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective date, but not an ord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 31	020
Signature of a finely	iber or authorized representative of a member
· · · · · · · · · · · · · · · · · · ·	1

Filing Fee: \$25.00