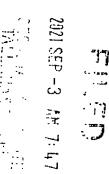
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Jaylee Con:	sulting LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Deborah L Taylor				
		Name of Person			
	Jaylee Consulting LLC				
	·	Firm/Company			
	3018 NW 1st Avenue				
		Address			
	Gainesville, FL 32607				
		City/State and Zip Code	_		
	debleetay@gmail.com			20	
	E-mail address: (to be used for future annual report notification)	;	2021 SEP	
For further information c	oncerning this matter, please c	all:	:*13	1 1	# } ***E3 ***E3
Deborah L Taylor		352 2245583		ယ	:
Name o	f Person	Area Code Daytime Telephone No	imber	AM 7: 47	Ĵ
Enclosed is a check for t	he following amount:		• • •		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Statu tified Copy itional copy is encl		
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaylee Consulting LLC			_
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)		_
The Articles of Organization for this Limited Liability Company we	ere filed on December 2, 2020	and	assigned
Florida document number L20000376906			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation	"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)			
B. If amending the registered agent and/or registered office add	dress on our records, <u>enter the nan</u>	<u>ie of the i</u>	
agent and/or the new registered office address here:		ا سو د سو	2021
		£.	e Ti
Name of New Registered Agent:	<u> </u>		<u></u>
New Registered Office Address:		• • • •	ω , ———————————————————————————————————
	Enter Florida street address	מאי!!! היי	3:
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	City '	Lip Co	<u>as</u>

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>	<u>Name</u>	Address	Type of Action
AMBR	Andrew J Taylor	201 NW 28th Street	= Add
		Gainesville, FL 32607	
			□ Change
AMBR	Jennifer T Williams	1077 Aspri Way	≣ Add
		Palm Beach Gardens, FL 33418	Remove
			□Change
			□Add
			Remove
			□Change
			Remove:
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			□Change
			□Add
			Remove
			□ Change

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n effective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.				_
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		ve date, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day at	iter the
September 1 2021	s med.			
Signature of a number or authorized representative of a member		2021		

Filing Fee: \$25.00