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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jaylah Proporty Management, LCC 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:
Atiloh Harris-Small
Name of Person
Firm/Company
101 N.E. 3rd Ave Suite 1500
Fort Louderchole, FL 33301
Jaylah LL(2 Damail. Com E-mail address: (to be used for future amount report notification)
For further information concerning this matter, please call:
Akiloh Harris-Small a 984, 789-9109
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Bound \$\Bigcup \$\$55.00 Filing Fee & Bound \$\$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \$\$10.00 Filing Fee & Bound \$\$ \$\$ 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

Saulah Proporty	management file,
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number Lalow75284	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "L.L.C." IDI NE 3 Cl Ave Suite 1500 FOR Loudoche, FC 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 NE 3rd Aug Surte 1500 Fort Loudondolf, Fl 3330
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	E 3rd Aug Suite 1500 Enjer Florida street address Ula blo Florida 33301 City Zip Code

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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effective date	if other than the is listed, the date mus	at be specific and	cannot be prior t	o date of tiling o	more than 90 days	optional) after filing.) Pur	suant to 605.02
e: If the date	e inserted in this bloctive date on the Do	ock does not m	eet the applica	ble statutory fi	ling requirement	s, this date will	not be listed
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ord specifies	s a delayed effectiv	e date, but not	an effective tir	ne, at 12:01 a.r	n. on the earlier	of: (b) The 901	h day after tl
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