4-May-2021 5/4/2021	11:09 KAYALI FAX 18138999793		p.1
L	Florida Department of State Division of forporations Electronic Filling Cover Speet Note: Please print this page and use it as a cover sheet. Hype the fax audit run (shown below) on the tep and bottom of all pages of the document. (((H210001796113)))	mber	
	H210001795113ABC Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p Doing so will generate another cover sheet.	j page.	
AECEIVED	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : KAYALI & CO., P.A. Account Number : I20160000100 Phone : (813)899-9642 Fax Number : (813)899-9793 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Info @.Cpaosk.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&R FAMILY PARTNER INVESTMENT GROUP LLC	SECACIARY OF STATE	ED
- (Certified Copy 0 Page Count 05 Estimated Charge \$25.00	- 5 2021 01_0M:014	

-May-2021 11:09	KAYALI FAX		18138999793		r	0.2
SUBJECT:	f Amendment and fee(s) are sub	ited Liability Company : mitted for filing.	6113	Q		
Please return all corresp	ondence concerning this matter	to the following:				
		· · · · · · · · · · · · · · · · · · ·				
		Name of Person	-			
	KAYALI & CO., P.A.					
	<u> </u>	Firm/Company	,			
	10630 N 56TH ST, STE 2	05		10	2821	
		Address	<u> </u>	×H× NR	2821 MAY -	· ;
	TEMPLE TERRACE, FL	33617		1355		
		City/State and Zip Code		RY OF STATE SEE.FLORID/	AH IO:	[1]
	info@cpaosk.com			L OR	ភ្ន	C
	E-mail address: (to be used for future annual report notific	cation)	흔ם	26	
For further information	concerning this matter, please c	all:				
Osama Kayali		813 899-9642				
Нате	of Person	at () Area Code Daytime '	Telephone Number	_		
Rusiagad in a shareb far	the following account:					
Enclosed is a check for	Ine following amount. \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing F Certificate of S Certified Copy (additional copy in	Status & /		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	<u>Street Address:</u> Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Illahassee Street, Suite 810			

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May-2021 11:10 KAYALI FAX		•	.3
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J&R FAMILY PARTNER INVESTMENT GROUP, I			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company))	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000086718</u> . This amendment is submitted to amend the following:	were filed on <u>02/26/2021</u>	and assigned	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.	_
Enter new principal offices address, if applicable:	3212 N 40th Unit 105B		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33605		-1-
			-17

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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3212 N 40th Unit 105B	LO3	ë	•
Tampa, FL 33605	2m	26	
Tampa, FL 33605	¥+-		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 1121200170/117

MGR = Ma $AMBR = Au$	inager Ithorized Member	21000119611	5
<u>Title</u>	Name	Address	Type of Action
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Jaime Contreras

D. If amending any other informat	$+ \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$ tion, enter change(s) here: (Attach additional sheets, if near	cessary.)
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	<u> </u>	
E. Effective date, if other than the (If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this ble document's effective date on the De	it be specific and cannot be prior to date of filing or more than 90 days after ock does not meet the applicable statutory filing requirements, th	tional) er filing.) Pursuant to 605.0207 (2 his date will not be listed as th
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: ((b) The 90th day after the
Dated April 29	. 2021	
	Jaime Contreras Signature of a member or authorized representative of a member	

Typed or printed name of signee

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(3)(b)