# 12100060792

(1	Requestor's Name)
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Pick-up	WAIT MAIL
(1	Business Entity Name)
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Certified Copies	Certificates of Status
Special instructions	to Filing Officer

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2021 APR 26 PH 1: 14
SECRETARY OF STATE

Y BULKER

## Sunshine State Corporate Compliance Company RECEIVED

3458 Lakeshore Drive, Tallahassee, Florida 13737726 PM 1:13
(850) 656-4724

SECRETARY DE STATE

SECRETARY OF STATE TALLAHASSEE, FLORID

DATE 04/26/2021			
		₩WAL	K IN*
ENTITY NAME JFS 202	0 LLC		<u></u>
DOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED AND RETURN**		
xxxx	Plain Copy	**************************************	K IN*
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Amendments Certificate of Good Standing	** · * (	. ES - 1 Pa
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICAT	TES REQUESTED	_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		t,
Please call Time at the	e above number for any issues or concerns. Thank you so i	1 200	

#### **COVER LETTER**

TO: Registration S Division of Co					
JFS LLC					
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	SHADI BADRAN				
		Name of Person	<del></del>		
	iTAX FINANCIAL GRO	UP LLC			
	-	Firm/Company			
	2960 VINELAND RD, SU	JITE E			
		Address	<del></del>		
	KISSIMMEE, FL 34746				
	<del> </del>	City/State and Zip Code			
	GREENSHADI@GMAIL.		<del>., </del>		
For further information c	n-mail audress: ( concerning this matter, please c	to be used for future annual report notall:	itheation)		
SHADI BADRAN		407 507 - 0507			
Name c	rt Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he 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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address:	action		
Division of C		Registration Sc Division of Co			
P.O. Box 632	27	The Centre of	Fallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JFS LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 04/07/2021	and assigned
Torida document number L21000160792	·	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
JFS 2020 LLC		
he new name must be distinguishable and contain the words "Lim-	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
	- 11.21.	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning marress may nr. A 1 037 OFFICE BOX		<u>, , , , , , , , , , , , , , , , , , , </u>
		<u>.</u>
If anyonding the quality and a set of the section of	1.00	
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	aname of the new regist
N 6N 5		A 6
Name of New Registered Agent:		100
New Registered Office Address:		产訊 0.
	Enter Florida street address	
	, Florid	da
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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Filing Fee: \$25.00