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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Cased UK	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s)) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Jadi Jai B	Sellany Name of Person Firm/Company
3780	NW Archer St #101
Lak	City/Stake and Zip Code
(I)-mail a	address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Vadia Bellanu Name of Person	at (850) 728-4382 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of S	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company	vere filed on and assigned			
Florida document number 21000 17 5375	t.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
JaiBell NC				
The new name must be distinguishable and contain the words "Limited Liabilia				
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 a	ddress 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			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the			
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am familiar with and			
accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of	roviaea for in Chapter 605, r.s. Or, it this accument is 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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Change
			-∵ □Add
			□Remove
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f an effective date is Note: If the date	f other than the date of s listed, the date must be specif inserted in this block does tive date on the Departmen	ific and cannot be prion not meet the application	cable statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605,0207
	a delayed effective date, bu	ut not an effective (ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
		•			
rd is filed.	427th	<u> </u>	·		
e record specifies rd is filed. Dated	Jack Signature	e a member or auth	Lan norized representative of	of a member	