121000232591

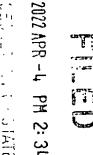
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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04/04/22--01014--005 **28.00



J 4/18/2022

COVER LETTER

TO:

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| | Y INVESTMENTS LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | FERNANDA ROSO | | |
| | | Name of Person | |
| | JONES WAY INVESTME | NTS LLC | |
| | | Firm/Company | |
| | 266 NW 119TH DRIVE | | |
| | | Address | |
| | CORAL SPRINGS FL 330 | 71 | |
| | | City/State and Zip Code | |
| | JONESWAYINVESTMEN | _ | Tolion) |
| | | to be used for future annual report notif | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| FERNANDA ROSO | | 305 9044807 at () | |
| Name o | f Person | | Telephone Number |
| Enclosed is a check for the | ne 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) |
| Mailing Addres Registration S | | Street Address: Registration Sec | ction |
| Division of C | orporations | Division of Cor | |
| P.O. Box 632 Tallahassee. l | | The Centre of T 2415 N. Monroe | ananassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

JONES WAY INVESTMENTS LLC

2022 APR -4 PM 2: 34

| The Articles of Organization for this Limited Liability C | Company were filed on 05/19/2021 | and assigned |
|--|--|--|
| Florida document number L21000232591 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| JONES WAY SERVICES LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | <u>RESS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere | ed 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: | | |
| New Registered Office (Maress) | Enter Florida street d | ıddress |
| | | _, Florida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registere | ed Agent: | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change | complete performance of my dutic agent as provided for in Chapter (ed office address, I hereby confir | es, and I am familiar with and 605, F.S. Or, if this document is |
| | | |

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 |
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| E. Effective date, if other than th | e date of filing: (optional) |
| Note: If the date inserted in this decument's effective date on the | ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records. |
| If the record specifies a delayed effect record is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| MARCH 28TH | 2022 |
| 7 1 | <u></u> |
| 1/2 | 4 |
| | Signature of a member or authorized representative of a member |
| EZEKIEL A JONES | _ |

Typed or printed name of signee