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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
	Jones Capi	tal Solutions, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Marvin Jones	
	- <u>-</u>	Name of Person	
	J	ones Capital Solutions, LLC	
		Firm/Company	
	229	01 NW 48th Terr. Bldg 9 Apt 110	
		Address	
		Lauderhill, FL 33313	
		City/State and Zip Code nferknow76@gmail.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	all:	
Marvin	Jones	at (
Name of 1	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	
Registration Se	ection	Registration Sect	ion

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

Jones Capit	tal Solutions, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number	pany were filed on	July 1, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	Liability Company," the de	signation "LLC" or the abl	breviation "L.L.C."
Principal office address MUST BE A STREET ADDRES	(2)		,
The space office data to brown 192 it with the interest			53
			29
Enter new mailing address, if applicable:			AUG
Mailing address MAY BE A POST OFFICE BOX)			72
		: :	무
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
nen negigieren Omie Audress.	Enter Flori	da street address	
		, Florida	
	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>	Address	Type of Action
MGR	Marvin Jones	2291 NW 48th Terr.	
		Bldg 9 Apt 110	⊡Remove
			ыкстюче
		Lauderhill, FL 33313	■Change
			⊐Add
			□Remove
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un effective o ote: If the	Ate, if other than the date date is listed, the date must be side date inserted in this block of effective date on the Depart	specific and cannot be does not meet the a	pplicable statut	ling or more than 90 cory filing requirement	_ (optional) lays after filing.) ents. this date v	Pursuant to 605.02 will not be listed
ecord spec is filed.	rifics a delayed effective dat	e, but not an effect	ive time, at 12:	OI a.m. on the earli	erof:(b) The	: 90th day after th
ted	August 1,	202	i .			
	mo	mun	Jon	2) sentative of a membe	·	
_			AND DESCRIPTION OF THE PROPERTY.			