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COVER LETTER

TO:

TO: Registration So Division of Cor			•
J-RAK Ind	ustries, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas A Rodrique		
		Name of Person	
	J-RAK Industries, LLC		
		Firm/Company	
	104 Panda Way		
	-	Address	
	Davenport, FL 33837		
	rodrique30@gmail.com	City/State and Zip Code	
	· •	to be used for future annual report notil	lication)
For further information c	oncerning this matter, please c	all:	
Yvonne Pena		407 522-1797	
Name o	f Person	at () Atea Code Daytimo	e Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 26 AM 4: 42

J-RAK Industries, LLC	SE	CRETARY OF STATE
(Name of the Limited	d Liability Company as it now appears on our records.	CHINGOCCA
	bility Company were filed on 07/20/2021	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	eds "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address	gistered office address on our records, <u>enter th</u> <u>here</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	da Zıp 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>	Name	Address	Type of Action
AP	Thomas A Rodrique	104 Panda Way, Davenport, FL 33837	🗖 Add
			Remove
			□Change
AMBR	Thomas A Rodrique	104 Panda Way, Davenport, FL 33837	■Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

V	rithout using AMBR as the title.
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`an elli <u>vote:</u>	we date, if other than the date of filing:
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00