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2021 NOV 19 AH 7: 29 SECRETARY OF STAT

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COVER LETTER

SUBJECT:	Jay VM	K FL LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Kalpesh	Patel	
		Name of Person	
		Firm/Company	_
	1260 Hem	on lakes Cir	
	1700 116.0	Address	
	Makita	A1 36692	
	1100116	AL 36693 City/State and Zip Code	
	/ <alpesh 126<="" td=""><td>o @ 9mail. Com</td><td></td></alpesh>	o @ 9mail. Com	
Con Contour in Consession and			ication)
ror further information con-	cerning this matter, please ca	HI:	
Kullesh	Patel	at (606) 271-	- 2218
Name of Po	erson	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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	.•	Street Address: Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION F 1

JAY VMK FL LL	2021 NOV 19 AM 7: 29
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records TATE Liability Company ALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000369534</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14585 Duval Rd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32218
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 agent and/or the new registered office address here:	iddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: 910	N Navy BlvD Enter Florida street address
Pensa	City Florida 32507
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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If an effect Note: If	date, if other than the date of filing:
e record s rd is tiled	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
Dated	November 15 . 2021.
	November 15 . 2021. Kalful Pall Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer