L21000400172

<u>.</u> <u></u>			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiless Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300410942903

06/23/23--01028--001 **30.00

TILED
SEGNETARY OF STATE

Jul

COVER LETTER

Division of Cor	porations					
Angela Ma	thias, LLC					
SUBJECT:Name of Limited 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:				
	Angela Mathias					
	: Name of Person					
		Firm/Company				
	1985 Kansas Avenue NE					
		Address				
	St. Petersburg, FL 33703					
		City/State and Zip Code				
	amathias01@yahoo.com	to be used for future annual report notif				
		•	eation)			
For further information of	oncerning this matter, please c	all:				
Angela Mathias		727 580-1631				
Name of Person		at () Area Code Daytime	Telephone Number			
Enclosed is a check for th	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 Address:		Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

JABA Investments, LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our</mark> Liability Company)	records.)		
The Articles of Organization for this Limited L	iability Company	were filed on September	9, 2021	_ and assigned	d
Florida document number L21000400172	·				
his amendment is submitted to amend the following	lowing:				
If amending name, enter the new name o	of the limited liab	ility company here:			
Angela Mathias, LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	on "LLC" or the abbre	viation "L.L.C."	
nter new principal offices address, if applicable:		1985 Kansas Avenue N	E		
Principal office address MUST BE A STREET ADDRESS		St. Petersburg, FL 3770	<u>ي</u> م_ر	2023	
•			<u> </u>		Ţ
Enter new mailing address, if applicable:	1985 Kansas Avenue N		23	= m	
Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 3370	S S		
				S F.	
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records,	enter the name o	司	<u>ţiste</u> i
Name of New Registered Agent:	Angela M. Mat	thias			
New Registered Office Address:	1985 Kansas A	venue NE			
		Enter Florida stree	t address		
	St. Petersburg		, Florida _33703		
	.	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
AMBR	John R. Mathias	1985 Kansas Avenue NE, St Petersburg, FL 33703	□Add
			=Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change
		·	□Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. ture of a member or authorized representative of a member Angela M. Mathias Typed or printed name of signee

Filing Fee: \$25.00