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## **COVER LETTER**

SPDRJAX L SUBJECT:		·	<u>*</u>
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	SARITHA VOOTURI		
		Name of Person	<del></del>
	SPDRJAX LLC		
		Firm/Company	
	8582 ELLA JANE DR		
		Address	
	JACKSONVIILE FL, 322	56	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	SRIOMJAX@GMAIL.COM	M  to be used for future annual report noti	fication
For further information of	ncerning this matter, please co		neationy
rot further information co	neerning this matter, prease co	an:	
SAI HIMABINDU AKA		646 645-4833 at ( )	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25,00 Filing Fcc	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

Street Address: 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

SPDRJAX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/27/2021 Florida document number <u>L21000425422</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8582 ELLA JANE DR Enter new principal offices address, if applicable: JACKSONVIILE FL, 32256 (Principal office address MUST BE A STREET ADDRESS) 8582 ELLA JANE DR Enter new mailing address, if applicable: JACKSONVIILE FL, 32256 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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: 8582 EUA JANE DR

Enter Florida street uddress

JACKSONVILLE, Florida 32256

City Zip Code New Registered Office Address:

## 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	SHEETAL MOYYA	2001 HOLLEY PKWY, UNIT 2534	□ Add
		ROANOKE, TX, 76262	□Romove
			<b>A</b> Change
<del></del>	<del></del>		🗆 Add
			□Remove
			□Change
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		The purpose of the LLC is to do stocks trading, real estate.
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Filing Fee: \$25.00