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COVER LETTER

J S Versatile SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
		_		
	g			
	Sandra Hoshor			
		Name of Person	 	-
	S H Hoshor CPA LLC			
	<u> </u>	Firm/Company		- 29 S
Sandra Hoshor Name of Person S H Hoshor CPA LLC Firm/Company 1035 S State Road 7, Suite 312 Address Wellington, FL 33414 City/State and Zip Code sandy@shoshorepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		ZSZHJAN SEGRET		
		Address		
	Wellington, FL 33414			: À = • \
		City/State and Zip Code		
	sandy@shoshorcpa.com			9. 5 <u>5</u>
	E-mail address: (to be used for future annual report	notification)	111 +
For further information c	oncerning this matter, please c	all:		
Sandra Hoshor			5	
Name o	f Person	Area Code Day	ytime Telephone Numb	er
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration		Street Addres Registration		
Division of C			Corporations	

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

J S Versatile LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Liability Company)	<u>,) </u>
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000478553</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	2024. SEC
Hayat Amyra Productions LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	p : 1 -200
Enter new principal offices address, if applicable:	1035 S State Rd 7, Suite 312	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414	(100 Q)
Enter new mailing address, if applicable:	1035 S State Rd 7, Suite 312	
Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL 33414	
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	City , Florid	
New Registered Agent's Signature, if changing Registered Agent	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

Title	<u>Name</u>	Address	Type of Action
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			□Change
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record specifies a del is filed.	ayed effective date	, but not a	a effective	time, at 12	:01 a.m. on	the earlier	of: (b) 1	The 90	th day s	after the
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nted December 11		_			/					
ated December 11	Signa	pre of a ne	inber or au	norized repr	esen ative of	a member				

Filing Fee: \$25.00