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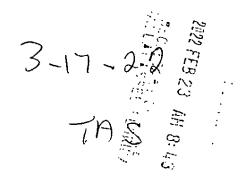
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COVER LETTER

TO: Registration Se Division of Co			•	
	SIL Jax, LLC		• *	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Krystin A Horvath			
		Name of Person		
		Firm/Company		
	72 Bonita Vista Dr.			
		Address		
	Ponte Vedra, FL 32081			
	krysti779@gmail.com	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)	
Krystin A Horvath		832 216-4219 at ()		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address:	ation	
Registration Section Division of Corporations		Registration Se Division of Cor		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buy and Sell Jax, 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 January 11, 2022 and assigned Florida document number L22000036726 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Krystin Horvath, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 72 Bonita Vista Dr. Enter new principal offices address, if applicable: Ponte Vedra, FL 32081 (Principal office address MUST BE A STREET ADDRESS) 72 Bonita Vista Dr Enter new mailing address, if applicable: Ponte Vedra, FL 32081 (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: New Registered Office Address: Enter Florida street address Florida City

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
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ective date, if other than the date of filing:	prior to date of filing	g or more than 90 days	(optional) s after filing.) Pursuant	to 605.6
e: If the date inserted in this block does not meet the aument's effective date on the Department of State's re		ming requirement	s, this date will not	oe iiste
record specifies a delayed effective date, but he 90th day after the record is filed.	it not an effect	ive time, at 12:	01 a.m. on the	earlie
February 10 2022	·			
February 10 , 2022 Lys: A. Hansh Signature of a member of		<i>r</i>		

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Filing Fee: \$25.00