

L22000066311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

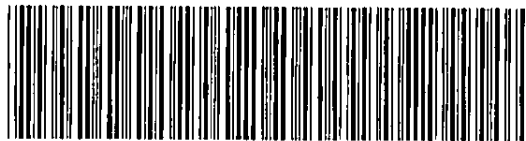
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100428433581

2024 MAY -3 AM 8:52  
STATE  
FLORIDA

RECEIVED  
2024 MAY -3 PM 4:01  
DIRECTOR'S OFFICE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

R. HUNT

05/03/24

***Sunshine State Corporate Compliance Company***

3458 Lakeshore Drive, Tallahassee, Florida 32312

**(850) 656-4724**

DATE 05/03/2024

**WALK IN**

ENTITY NAME JYR HOLDINGS LLC

**DOCUMENT NUMBER**

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

Plain Copy

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Acts & Amendments*

## Certificate of Good Standing

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

**TOTAL OWED \$25**

ACCOUNT #: I20160000072

5 R 70

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JYR HOLDINGS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nikki Lajom

\_\_\_\_\_  
Name of Person

Harbor Compliance

\_\_\_\_\_  
Firm/Company

1830 Colonial Village Ln

\_\_\_\_\_  
Address

Lancaster, PA 17601

\_\_\_\_\_  
City/State and Zip Code

juan@clearriverinvestments.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NikkiLajom

717 869-0133

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JYR HOLDINGS 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 02/08/2022 and assigned  
Florida document number L22000066311.

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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: REGISTERED AGENTS INC

New Registered Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A

*Enter Florida street address*

TAMPA


*City*

Florida 33607

*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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

2011-03 AH 8:52  
STATE  
INVEST, FL

2016-03-03 AH 8:52  
STATE  
HOSPITAL  
DAVIS, FL

**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.

Dated May 3, 2024

1st Juan Urrutia  
Signature

Signature of a member or authorized representative of a member

Juan Urruela

Typed or printed name of signee