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Division of Corporations

# Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

S က် Account Name : J&K ACCOUNTING SERVICES LLC

Account Number : I20200000194

Phone : (786)448-3851 Fax Number : (123)456-789

\*Enter the email address for this business entity to be used for future ് annual report mailings. Enter only one email address please.\*\*

)			
Email:	Address:		

### ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN JSY MORTGAGE LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSY MORTGAGE LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ly Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L22000107250</u>	filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company hgrg:
JSY GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	impany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2025 H
Enter new mailing address, if applicable:	MR-2
(Mailing address MAY BE A POST OFFICE BOX)	<u>ت</u> ن
<del></del>	2
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

14230000 81243 or removed from our records:

MGR = Manager AMBR = Authorized Member

AUIII /	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<u> </u>	□Add
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			□ Change

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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an off <u>Note:</u>	ive date, if other than the date of filing:
the recor	d 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 ed.
Dated	Harch 2 2023
	Signature of a member or authorized representative of a member
	ifas member of a m
	/ Typed or printed name of signec

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