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Note: DO	NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : AJ ACCOUNTING SERVICES, INC. Account Number : I20110000092 Phone : (305)448-9584 Fax Number : (305)448-9569
<b>U</b>	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** ail Address:
•••	LC AMND/RESTATE/CORRECT OR M/MG RESIGN
. 1 :	JONARDHON PETRO LLC

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Help

SUBJECT:

## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

JONARDHON PETRO 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:

SUBROTO SARKAR

Name of Person JONARDHON PETRO LLC Firm/Company 7990 NW 32ND AVE Address MIAMI, FL 33147 City/State and Zip Code E-mail address: (to be used for future anneal report notification) or further information concerning this matter, please call: UBROTO SARKAR 305 448-9584 at (\_\_\_\_\_ Name of Person Daytime Telephone Number Area Code closed is a check for the following amount: 1 \$25.00 Filing Fee 🗇 \$30.00 Filing Fee & LJ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 ТО ARTICLES OF ORGANIZATION OF

JONA	RDHON	PETRO	LLC
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(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 04/06/2022 and assigned
Florida document number L22000144928	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
JOY JONARDHON LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7990 NW 32ND AVE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33147
	······································
Enter new mailing address, if applicable:	
<u>'Mailing address MAY BE A POST OFFICE BOX)</u>	

3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:

	Name of New Registered Agent:			4 2202	
	New Registered Office Address:			AY	<u>بر</u> ۲
		Enter Florida street address		<u>ଜ</u>	言語
		, Florida _		AH	100 C
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<u>:wRe</u>	gistered Agent's Signature, if changing Registered Agent:			N D	

rereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed	g Authorized Person(s) authorized to I from our records:	manage, <u>enter the title, name, and add</u>	ress of each person being a
IGR = MBR = 7	4anager Authorized Member		
itle	Name	Address	Type of Action
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