

L 72 000 305 863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

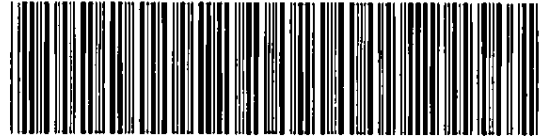
(Document Number)

Certified Copies _____

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2023 DEC 18 PM 3:21

DEPARTMENT OF
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC 18 PM 3:00

COVER LETTER

FD: Registration Section
Division of Corporations

SUBJECT: JYS CORPORATIVE 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:

ALBALUCIA FOLEY
Name of Person
FOLEY FORENSIC ACCOUNTING LLC
Firm/Company
4100 CORPORATE SQUARE STE 100
Address
NAPLES FL 34104
City/State and Zip Code
INFO@FOLEYFORENSIACCG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBALUCIA FOLEY 239 300-6660

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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
TO
ARTICLES OF ORGANIZATION
OF**

JYS CORPORATIVE 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 07/08/2022 and assigned
Florida document number 122000305863.

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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

4100 CORPORATE SQUARE STE 100

Enter Florida street address

NAPLES

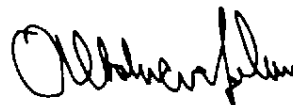
City

Florida 34104

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>
AMBR	GIRODI HOLDING S.A.S	RUITOQUE GOLF COUNTRY CLUB	<input checked="" type="checkbox"/> Add
		URB LA LOMITA CA 1	<input type="checkbox"/> Remove
		FLORIDABLANCA, SANTANDER CO 681004	<input type="checkbox"/> Change
AMBR	SATIDI CORPORATIVE INC	RUITOQUE GOLF COUNTRY CLUB	<input checked="" type="checkbox"/> Add
		URB LA LOMITA CA 1	<input type="checkbox"/> Remove
		FLORIDABLANCA, SANTANDER CO 681004	<input type="checkbox"/> Change
AMBR	CENTRO DE DIAGNOSTICO Y CIRUGIA OCULAR S.A.S.	CLL 48 #27-49, SOTOMAYOR	<input checked="" type="checkbox"/> Add
		BUCARAMANGA, SANTANDER CO 680003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 (207 (3)(b)

If the record 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 record is filed.

2023


A member or authorized representative

Signature of a member or authorized representative of a member

ALBALUCIA FOLEY - REGISTERED AGENT

Typed or printed name of signee