7/24/24, 3:44 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AVENTUS LAW GROUP PLLC

Account Number : I20230000152 Phone : (321)250-3577

Fax Number : (321)250-3985

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Page: 3 of 5

COVER LETTER

TO: Registration Section Division of Corporations

Fax: +13212503577

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

Please return all correspondence concerning this matter to the following:

Gerrard L. Grant
Name of Person
Aventus Law Group, PLLC
1095 W. Morse Blvd. Suite 200
Address
Winter Park Fr 32789
City/State and Zip Code
ElSamin 2002 Egnal Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

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Certificate of Status

□ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (udditional 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

To:

	JARI MENI	Homes, LC	
(<u>Name of the Limited</u> (A	Liability Company as It now as Florida Limited Liability Comp	opears on our records.) my)	
The Articles of Organization for this Limited Liab Florida document number 1220041		09/26/20	22-and assigned
This amendment is submitted to amend the follow:	ng:		
A. If amending name, cuter the new name of th	e limited liability compan	y here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		20
(Principal office address MUST BE A STREET A	(DDRESS)		2 P
Enter new mailing address, if applicable:			UL31 PH
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u>2</u> 22
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ur records, <u>enter the na</u> i	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Florida street address	Suite 200
-		K, Florida	
New Registered Agent's Signature, if changing Reg	City istered Agent:		Zip Code

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.

From: Ana

MGR = Manager

Fax: +13212503577

To:

Fak: +18506176383

Page: 5 of 6

07/31/2024 7:17 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
Title	Name	Address	Type of Action
			□Add
			□Remove
			JAdd
			□Remove
			Change
			□Remove
			∏Change
			ClAdd
			Likemove
		-	ElChange
Apple 170 Security 180 - 170			□Add
			CRemove
			☐ Change
			UAdd
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note:	(optional)
If the recor record is fi	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 led.
Dated	July 24. 24
	Signature of a member of anthorized representative of a member
	by manufe of a method standard representative of a member