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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:

Page 1 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

| | 5. | | | | | | | | |
|---|---|----------|------------|----------|----------|--------|---------|----------|------------|
| • | *tEnter the | email a | address fo | r this | business | entity | to be i | used for | future |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JADI CAPITAL INVESTMENTS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

M. SOLOMON

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Electronic Filing Menu

Corporate Filing Menu

Help

18506176383

TO: Registration Section Division of Corporations JADI Capital Investments LLC SUBJECT: Name of Limited Liability Company \bigcirc The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Allison Monzon Name of Person ZenBusiness INC Firm Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC 844 493-6249 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)

Malling 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

(additional copy is enclosed)

2024-08-22 08:33:21 UTC-14 18: ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

| JADI Capital Investments LLC | | |
|---|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 2022-10-05 | and assigned |
| Florida document number L22000429350 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company? the designation "LLC" or the a | bhroviatida ** t. l. C |
| The new dame and so distinguished the contain the words Emined Black | | |
| Enter new principal offices address, if applicable: | 263 winding hollow blvd1001Winter Pa | ark, FL 32708 |
| (Principal office address MUST BE A STREET ADDRESS) | | ₹ 2 |
| | | |
| | | |
| | | F STATE |
| Enter new mailing address, if applicable: | | 22 <u>8</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | · · · |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the nan</u> | ne of the new registered |
| Name of New Registered Agent: | | |
| - Mille Of Art Wike golden Angelin | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | Cuv | 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.

Change

Page: 4 of 5 2024-08-22 08:33:21 UTC+14 18506176383 From: ZenBusiness User mannending Authorized rersonts) authorized to manage, enter me inte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| MGR | Navnath Jadhav | 13008 Muirfield lanefairfax, VA 22033 | Add |
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* Page: 5 of 5

| D. If amending any other inform | nation, enter change(s) here: (Attach additional sheets, if) | necessary.) |
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| | must be specific and cannot be prior to date of filing or more than 90 days a block does not meet the applicable statutory filing requirements, | |
| If the record specifies a delayed effect record is filed. | tive date, but not an effective time, at 12:01 a.m. on the earlier of | (b) The 90th day after the |
| Dated | | |
| /s/ Amav Ja | adhav | |
| | Signature of a member or authorized representative of a member | |
| Amay Jadhav, Memi | | |
| | Typed or printed name of signee | |