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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905 Fax Number : (954)208-0209

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INDUSTRIAS JAI LLC

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T. LEMIEUX JUN 2 1 2023

Tallahassee, FL 32314

To:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	Registration S Division of Co					
SUBJEC		IAS JAI LLC				
SCBJEC	-1:	Name of Lin	nited Liability Company	<u> </u>		
The enck	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
			Name of Person			
			Name of Person			
			Firm/Company			
			Address			
			City/State and Zip Code			
		E-mail address: (to be used for future annual report n	ntification)		
For furth	er information o	concerning this matter, please c				
	Name o	of Person	Area Code Days	ime Telephone Number		
Enclosed	is a check for t	he following amount:				
≡ \$25.0	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 Addre		Street Address:	lastion		
	Registration : Division of C		Registration S Division of C			
	P.O. Box 632		The Centre of Tallahassee			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19542080209

INDUSTRIAS JAI LLC			
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000098478</u> .	were filed on 02/23/200	23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		5 0 j	20
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			23
			P C
	address on our records	s, <u>enter the name o</u>	f the new registered
agent and/or the new registered office address neve.		 :-	. ω .>
Name of New Pagistered Agent		٠.	
Marite of thew registered Agents.			
New Registered Office Address:	(Name of the Limited Liability Company as it now appears on our records.) (A Honda Limited Liability Company) rganization for this Limited Liability Company were filed on 02/23/2023 and assigned number 1.23000098478 s submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." spal offices address, if applicable: address MUST BE A STREET ADDRESS) ag address, if applicable: MAY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: The Registered Agent: gistered Office Address: Enter Florida street address City Type Torther agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and statutes relative to the proper and complete performance of my duties, and I am familiar with and statutes relative to the proper and complete performance of my duties, and I am familiar with and statutes relative to the proper and complete performance of my duties, and I am familiar with and statutes relative to the proper and complete performance of my duties, and I am familiar with and the statutes relative to the proper and complete performance of my duties, and I am familiar with and the statutes relative to the proper and complete performance of my duties, and I am familiar with and the statutes relative to the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties. So, Or, if this document is rely reflect a change in the registered agent and proper and complete performance of my duties. So, Or, if this document is rely reflect a change in the registered agent and researc		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capac performance of my di provided for in Chapte	ities, and I am fam er 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

* Page: 7 of 8 2023-06-20 15:28:38 GMT 19542080209 From: Alfonso Velez

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

To:

Title	<u>Name</u>	Address	Type of Action
MGR	SIMON CHOCRON TANGIR	10027 BAY HARBOR TER	
		BAY HARBOR ISLAND, FL 33154	□ Remove
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			□Remove
			□Change

Effective date, if other than the date of filing: (optional) If an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member			 			
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		Typed o	r printed name of sign	nec		