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COVER LETTER

09/14/2024

Janet Rivas

Returned Address: 16034 SW 65th Terrace, Miami, FL 33193

Daytime phone #: 305-525-3802

Email: jrivas0808@gmail.com

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ect.	JAA Mar	Keting LLC ited Liability Company	
ЭОВЭТ	<u> </u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jar	net Rivas	
				(1101)10017
		<u> </u>	ortgage Solutions	> (New rund)
		14034 5	W 65 Ter	
		Luami	FI 33193 City/State and Zip Code	
			to be used for future annual report notifi	
For fur	ther information e	oncerning this matter, please e	·	,
	Janet	Rivas Person	at (<u>305</u>) <u>505</u> Area Code Daytime	3803 ·
			, , , , , , , , , , , , , , , , , , , ,	
Enclos	ed is a check for th	ne following amount:		
□ S2	5.00 Filing Fee	S30.00 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 Addres		Street Address:	
	Registration S		Registration Sect	
	Division of C		Division of Corp	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>Appled For</u> .	were filed on $4/20/200$	3_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. Eite Mortgage Solut The new name must be distinguishable and contain the words "Limited Liabile."	-	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	16034 SW 65 Te Luami Fl 3319	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-Samo	as above.
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 nam</u>	e of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address Florida	2
	City	. Zip Gode

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

PNOT Changing

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>	Address	Type of Action
			🗆 Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
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.,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1:	e date, if other than the date of filing:
he record ord is file	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
Dated _	9/12 2024 Willes
	Signature of a member or authorized representative of a member
	Janet Rivas
	Typed or printed name of signee

.

Filing Fee: \$25.00