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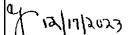
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAF & CO 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:
Anthony DeGrasse Name of Person
JAE & CO LLC Firm/Company
1139 Cascade DR.
Davenport, FL 33837 City/State and Zip Code
JAECOICE CLEAM & GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manyrong Chanthavorgsa at (913) 1089-5442 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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**

JAE & CO LLC	2023 DEC - 4 AH 9: 30
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on Ottober 16, 2023 and assigned
Florida document number <u>L23000475005</u>	The state of the s
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 "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(S)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the assistanced agent and/or assistanced of	To address on an accordence to the control of the c
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent's	gent:

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 Title Address Type of Action Name MGR Anthony DeGrasse 1139 Cascade Dr Davenboret, F.L. 33837 MGR Manyvong Chanthavingsa 139 Costade Dr. DADO Davenport, F.L 33837 Change □Add □Remove □Change _ □Add _____ □Remove _____ □Add _____ □Change

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effective o	date is listed, the date inserted in	nan the date of date must be speci in this block does in the Departme	ific and c s not me	annot be pri	licable statu		than 90 days		
ord spec filed.	ifies a delayed	effective date, t	out not a	n effective	time, at 12	:01 a.m. on	the earlier o	f: (b) The	90th day after t
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