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Tallahassee, FL 32314

TO: Registration S Division of Co			
JAS DEVI	ELOPERS, LLC		
30BJEC1	Name of Lim	ited Liability Company	***************************************
Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			
		_	
	Jeff Trosclair		
		Name of Person	
	JAS Developers		
		Firm/Company	
	5920 CARRIER ST. N.		
		Address	
	ST. PETERSBURG, FL 33	3714	
		City/State and Zip Code	
	<u> </u>	to be used for fabruary	· · · · · · · · · · · · · · · · · · ·
For further information of		-	incation)
Jeff Trosclair			
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	•	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632	41	The Centre of 1	l allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAS DEVELOPERS, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) bany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L24000078865}{L24000078865}$.	on 2/15/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 2
(Principal office address MUST BE A STREET ADDRESS)	
	:- 1
	, 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	, Florida
City	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Albert Jasuwan	5920 Carrier St N.St. Petersburg, FL 33714	■Add
			□Remove
			□Change
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Effective date, if other If an effective date is listed. Note: If the date inserte document's effective dat	d in this block does i	not meet the appli	cable statutory fili	(option more than 90 days after f ng requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
e record specifies a delayed is filed.	ed effective date, but	t not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
		2024			
Dated		·			
Dated July 31	Tolfing 1	Judi:			
Dated July 31	Jaffar Signature	render or auth	orized representativ	e of a member	

Filing Fee: \$25.00