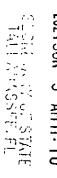
(Re	equestor's Name)
(Ac	ddress)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
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Certified Copies	Certificates of Status
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	gistration Se vision of Cor			
SUBJECT	Jade Investi	ments & Management, LLC		
SOBJECT		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please retur	n all correspo	indence concerning this matter	r to the following:	
		Amira Qumseya		
			Name of Person	
		Jade Investments & Manag	gement, LLC	
			Firm/Company	
		5967 SW 124th Way		
			Address	
		Archer, FL 32618		
			City/State and Zip Code	
		amiraqum@hotmail.com	(to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	·	
Amira Qun	nseya		608 312-8049	
Name of Person		f Person	Area Code Daytime Telephone Number	_
Enclosed is	a check for th	ne following amount:		
☐ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status &
	ailing Addres gistration S		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporations	
	O. Box 632 Illahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

No Check KB

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade Investments & Management, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records. mited Liability Company))	
The Articles of Organization for this Limited Liability Com	pany were filed on April 03, 2024		_ and assigned
Florida document number Corporate Filing - 000426227870			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			_
Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
		-(1 : (8) 1 :	2024
Enter new mailing address, if applicable:			<u></u>
Mailing address MAY BE A POST OFFICE BOX)			5
		SSC	≥ M
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ne name o	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori		
	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 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>	Name	Address	Type of Action
AMBR	Bashar Qumseya	5967 SW 124th way	
		Archer, FL 32618	□Remove
			Change
			□ Remove
			□Change
			🗆 Remove
			Change
			□Remove
			☐ Change
			□ Remove

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an effective da lote: If the d	e, if other than ate is listed, the dat late inserted in the fective date on t	te must be specif his block does	fic and cannot b not meet the	e prior to date applicable s	of filing or n	iore than 90 day	ys after filing	.) Pursuant to 60)5.020 sted a
record specifics filed.	fies a delayed efl	fective date, bu	ut not an effec	stive time, a	t 12:01 a.m.	on the carlier	of: (b) Ti	ne 90th day afi	er the
	l 6th		2024						
ated	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
ated April				·					
April		Signature	VV) (C	Pauthorized	representative	of a member			