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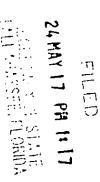
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(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  entified Copies Certificates of Status  Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Jay D Vente	ures, LLC		
30B3EC1:	Name of Limited Liability Company  Amendment and fee(s) are submitted for filling.  Indende concerning this matter to the following  Kerstin Smith  Name of Person  Jay D Ventures, LLC  Firm/Company  102 W Burleigh Blvd  Address  Tavares, FL 34737  City/State and Zip Code  jaydventure@gmail.com  E-mail address (to be used for future annual report notification)  oncerning this matter, please call:  Person  at (100 Mail 100 M		
		g this matter to the following  Name of Person  St. LLC  Firm/Company  gh Blvd  Address  34737  City/State and Zip Code gmail.com mail address (to be used for future annual report notification)  titer, please call:  at (	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following	
	Kerstin Smith		
		Name of Person	<del></del>
	Jay D Ventures, LLC		
		Firm/Company	
	102 W Burleigh Blvd		
		Address	
	Tavares, FL 34737		
	·	City/State and Zip Code	<del></del>
	= =		
			t notification)
For further information co	oncerning this matter, please c	all:	
Kerstin Smith			91
Name of	Person	Area Code Da	aytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>M</u> ailing Addres	\$	Street Addres	5

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Jay D Ventures, LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were fil	ed April 12th 2024	and assigned
on Florida document number <u>1.24000174450</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words 'Limited Liability Compa	any," the designation "LLC" or ti	ne appreviation * L.L. C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		-
		71
		一数二百
Enter new mailing address, if applicable:		्राष्ट्र 👺 💆
Mailing address MAY BE A POST OFFICE BOX)		730
		7-
<ol><li>If amending the registered agent and/or registered office address ogent and/or the new registered office address here:</li></ol>	on our records, <u>enter the r</u>	name of the new registe
gant and/or the new registered of noe address here.		
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	chie Florida si ed address	
	, Florida	
City  New Registered Agent's Signature, if changing Registered Agent:		Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR ———	Jason R Smith	22140 Obrien Rd, Howey in the Hills, FL 34737	<b>≡</b> Ada
			□Remove
			□ Change
			🗆 Remove
			□ Change
			□Add
			[] Remove
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			□Add
			🗆 Remove
			Change
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			Change
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			□Remove
			□Change

The registered agent'	s adress needs to	match the Ma	anager's addre	ess.	
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the Di	date of filing: t be specific and cannot be ock does not meet the a	oplicable statutory	or more than 90 da	(optional) ys after filing ) Pursuar its, this date will not	nt to 605 020 be I sted a
ord specifies a delayed effectiv filed.	e date, but not an effecti	ive time, at 12:01:	a.m. on the earlier	of: (b) The 90th d	ay after th
May 10th	2024	<u></u> .			
	nith Signature of a member or				