

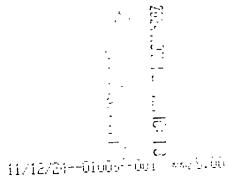


(Requestor's Name)	
(Address)	
(,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300438438433





COVER LETTER

TO:

TO: Registration Se Division of Co			
J Autospor	t LLC		
SUBJECT:	Name of Lin	ited Liability Company	······
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jack Mashrki		
		Name of Person	
	J Autosport LLC		
		Firm/Company	
	1926 Yellowfin Dr		
		Address	and any angular Adv. A state of the state of
	Port Orange, FL 32128		
		City/State and Zip Code	
	jackmashrkit@gmail.com		***************************************
The Complete of the Company of the C		to be used for future annual report no	offication)
	concerning this matter, please c		
Jack Mashrki		404 641-4381 at ()	
Name o	of Person	at () Area Code Dayr	ine Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	Section
Division of C		Division of Co	

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

J autosport LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco	ords.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	maximy Company /	
The Articles of Organization for this Limited Liability Company	were filed on August 07, 202	4 and assigned
Florida document number 1.24000352910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	4251 Spruce	Creek Rd, Port Oran
(Principal office address MUST BE A STREET ADDRESS)	32124, Svita II-	Creek Rd, Port Oran
		* * * * * * * * * * * * * * * * * * *
Enter new mailing address, if applicable:		; ; ::
(Mailing address MAY BE A POST OFFICE BOX)		
Bruning uddress SIAT BE AT OST OFFICE BOX		
		
n to the design of the least the second of t		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records, <u>ent</u>	er the name of the new register
Series and the new regiments of the series and the series are the series and the series and the series are the series and the series and the series are the		
No P.N D int and J. A		
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street add	ress
	,1	FloridaZip Code
	Civ	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.

City

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
AMBR	Jack Mashrki	1926 Yellowfin Dr, Port Orange, Fl. 32128	= Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□Change

				
	"	,		•
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				•
 				•
	·			
				•
Effective date, if other than the	date of filing:		(optional)	
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bl	st be specific and cannot be prior to	o date of filing or more than 9	0 days after filing.) Pursuant to 605	5.0207 (ed as t
document's effective date on the D		me statetory ming require	mena, ma due wii no oc noc	ca a., .
e record specifies a delayed effectived is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ear	rlier of: (b) The 90th day afte	r the
	2024	_ •		
Dated November 11				
Dated November 11 Sack	Signature of a member or author	_ ·	ber	