that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN EISENBERGER AUTHORIZED MEMBER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: JETSO VENTURES LLC

Current Principal Place of Business:

JETSO VENTURES LLC 1507 USRT 202 POMONA, NY 10970

Current Mailing Address:

JETSO VENTURES LLC 1507 USRT 202 POMONA, NY 10970

FEI Number: 92-2440903

Name and Address of Current Registered Agent:

EISENBERGER, JONATHAN 6919 SW 18TH ST 200 BOCA RATON, FL 33433 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: JONATHAN EISENBERGER			04/16/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	EISENBERGER, JONATHAN	Name	SAFRIN, TARA	
Address	1507 US RT 202	Address	1507 US RT 202	
City-State-Zip:	POMONA NY 10970	City-State-Zip:	POMONA NY 10970	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L22000230774

04/16/2024

Apr 16, 2024 Secretary of State 3459189076CC

FILED

Certificate of Status Desired: No

Date