Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000335043 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

(r ---

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 : (941)748-0100 : (941)745-2093 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACENSOLO, LLC

Certificate of Status	0	<u> </u>		
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Electronic Filing Menu

Corporate Filing Menu

Help

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(((H19000335043 3))) COVER LETTER

TO : 3	Registration S Division of Co	ection rporations			
SUBJEC	Jacensolo,	LLC			
.70,53,50	A.,	Name of Limited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	,	
Please ret	un all correspo	ondence concerning this matter	to the following:		
		Eileen Pennington			
			Name of Person		
		Blalock Walters, P.A.			
			Firm/Company	·	
		802 11th Street West			
	•		Address		·
		Bradenton, Florida 34205			
		EPennington@blalockwalts	City/State and Zip Code		
		• •	to be used for future annual re	port notificatio	<u>n)</u>
For furthe	r information c	oncerning this matter, please ca	all:		
Manhew	Staggs		941 748-	-0100	
	Name o	f Person	at (Dayrime Tele	phone Number
Enclosed i	s a check for th	ne following amount:			
᠍ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		COURIER A	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11/14/2019 13:48 Blalock Walters

(((H19000335043 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Jaconsolo, LLC		
(Nama of the Limited Liability Compa (A Plorida Limited	inv as it now appears on our recor Liability Company)	357)
The Articles of Organization for this Limited Liability Company	were filed on March 1, 2019	and assigned
Florida document number L19000059596		
This amendment is submitted to amend the following:	~ }	
4. 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	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	33 South Gulfstream Avenue	" I.J
Principal office address MUST BE A STREET ADDRESS)	Uni: \$03	
	Sarasota, Florida 34236	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33 South Gulfstream Avenue Unit 803	<u>. </u>
	Sarasota, Florida 34236	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		is, enter the name of the
New Registered Office Address:	Enter Florida street addre	:55
		lorida

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

11/14/2019 13:48 Blalock Walters

MGR = Manager

(((H19000335043 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			Remove
			[] Change
			□ Remove
			Change
			bbA □
			□ Removo
		· · · · · · · · · · · · · · · · · · ·	Change
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			□ Reniove
			C) Change

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Effective date, if other than the date of filing:		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated NOV 14 10 10 10 10 10 10 10 10 10 10 10 10 10		
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Dated NOU 14 2019 Signature of a premier or authorized representative of a member	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Signature of a premiser or authorized representative of a member		
	Dated	Nov. 14,201a
		Agnature of a hember or authorized representative of a member

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