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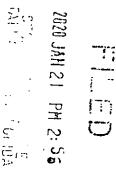
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COVER LETTER

TO: Registration So Division of Cor	ection rporations					
JANUSHR						
SUBJECT:	Name of Lim	nited Liability Company	<u></u>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DAVID PHILLIPS					
	Name of Person					
	Firm/Company					
	1314 S FORT HARRISON AVE STE A					
		Address	- 			
	CLEARWATER, FL 3375	56				
		City/State and Zip Code				
	david@phlfirm.com					
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	(ification)			
David Phillips		727 300-1399				
Name of Person		at () Area Code Daytii	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANUSHR ASO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/12/19}{12}$ and assigned Florida document number $\frac{1.19000296329}{2.19000296329}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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>	<u>Name</u>	Address	Type of Action
MGR	Dancen Tyson Gurney	1314 S Fort Harrison Ave	≣Add
		Clearwater, FL 33756	Remove
			Change
MGR	Ryan Clegg	2594 Renatta Drive	■Add
		Largo, FL 33770	Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
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			□Add
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			Change
			□Add
			Remove
			Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	uist be specific and cannot be block does not meet the a	prior to date of filing o pplicable statutory fi	(option: r more than 90 days after fill ling requirements, this da	ing.) Pursuant to 605,0207 (3
the record specifies a delayed effect cord is filed.	ive date, but not an effect	ive time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
Dated December 23	2019			
RAC	<u> </u>	_ ·		
	Signature of a member or	authorized representat	ive of a member	
Ryan Clegg, Manager				
		printed name of signer		

Filing Fee: \$25.00