## L19000299025

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | dress)            | •           |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
|                         |                   |             |
| PICK-UP                 | MAIT              | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| - (Do                   | cument Number)    | <u> </u>    |
| <b>\</b> -              | ,                 |             |
| Certified Copies        | Certificates      | e of Status |
| Certified Copies        | _ Certinoates     | 5 Of Otates |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
| •-                      |                   |             |
| 20                      |                   |             |
| 20 : #                  |                   |             |
| ; <del>a</del>          |                   |             |
| c*-                     |                   |             |
| 2.5                     |                   |             |
| (Fig. 2)                |                   |             |
| <u> </u>                |                   |             |

Office Use Only



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DEC 26 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| Inone. 636-336-1366   |  |  |  |  |
|---|--|--|--|--|
| ACCOUNT NO. : I2000000195   |  |  |  |  |
| REFERENCE : 106148 7786762  |  |  |  |  |
| AUTHORIZATION Touch Eleman  |  |  |  |  |
| COST LIMIT : \$25.00  |  |  |  |  |
| ORDER DATE : December 18, 2019                                    |  |  |  |  |
| ORDER TIME : 8:41 PM  |  |  |  |  |
| ORDER NO. : 106148-001  |  |  |  |  |
| CUSTOMER NO: 7786762  |  |  |  |  |
|   |  |  |  |  |
| DOMESTIC AMENDMENT FILING   |  |  |  |  |
|   |  |  |  |  |
| NAME: JVEG ENTERPRISES, LLC                                       |  |  |  |  |
|   |  |  |  |  |
| EFFECTIVE DATE:   |  |  |  |  |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION       |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                   |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |  |  |  |  |
| CONTACT PERSON: Kadesha Roberson EXT# 62980                       |  |  |  |  |

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JVEG ENTERPRISES, LLC

| (Name of the Limited Liability Compan<br>(A Florida Limited L  | y as it now appears on our ability Company)      | records.)  |  |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company vi Florida document number L19000299025  | were filed on                                    | and assigned   |  |
| This amendment is submitted to amend the following:  |  |  |  |
| A. If amending name, enter the new name of the limited liabil  | lity company here:                               |  |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation                     | "LLC" or the abbreviation "L.L.C."                               |  |
| Enter new principal offices address, if applicable:  |  | <del>,,,,</del>  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |  |
|  |  | . 22   |  |
|  |  | DE1  |  |
| Enter new mailing address, if applicable:  |  | N N  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |
|  |  |  |  |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  | ddress on our records, g                         | enter the name of the new registered                             |  |
| Name of New Registered Agent:  |  |  |  |
| New Registered Office Address:   | 6 5 1  |  |  |
|  | Enter Florida street address                     |  |  |
| <del></del>  | City   | _, Florida<br>Zip Code   |  |
| New Registered Agent's Signature, if changing Registered Agent:  | Ç.ii,  | гур Сіме   |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duti<br>rovided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is |  |

If Changing Registered Agent, Signature of New Registered Agent

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> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
|              |      |             | □Add           |
|              |      |             | Remove         |
|              |      |             | ☐ Change       |
|              |      |             | □Add           |
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Typed or printed name of signee