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COVER LETTER

TO:

	istration Se ision of Cor			
SUBJECT:		AVE SW, LLC		
SUBJECT:		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JASON ARVIN		
			Name of Person	
			Firm/Company	
		2369 19TH AVE SW, UN	ІТ В	
			Address	
		LARGO, FL 33774		
		JLARVIN@GMAIL.COM	City/State and Zip Code	
For further in	iformation c	E-mail address: (oncerning this matter, please co	to be used for future annual report no all:	otification)
JASON ARV	/IN		317 727-5349 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
Div	rision of C	orporations	Division of Co	orporations
	. Box 632 lahassee, F		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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



2021 DEC 17 AM 8: 37 2369 19TH AVE SW, LLC

(Name of the Limited Liability Company as it now appears on our records:) [1] [1] [1] (A Florida Limited Liability Company) TALLA The Articles of Organization for this Limited Liability Company were filed on 04/01/2021 _____ and assigned Florida document number _____L21000152606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&JPROPERTY HOLDINGS, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 mv 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>	Name	Address	Type of Action
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