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COVER LETTER

TO: Registration Division of C			
SUBJECT:	JSR Er Name of Lim	Herprises LLC ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	Jennifi	er H Reiter	
	dba Fish	Name of Person Exprises LLC CLICA Other Ic Firm Company	14thy Staff
	600 L	ake Forest	Rd
	Clearu	city/State and Zip Code	3765
		City/State and Zip Code O 70 @ Grynall o be used for future surroul report notif	
For further information	concerning this matter, please ca	Alt:	
Jennifer Name	H Reiter	at (7) 7, 743- Area Code Daytime	- 5712 Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSR Enterpris	ses, LLC
USR Enterpris (Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	<u>.</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability SRIII Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability"	y Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	105 Fairfield St
(Principal office address MUST BE A STREET ADDRESS)	105 Fairfield St Oldsmar, FL 34677
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1:00 Lake Forest Rd Clearwater, FL 33'765
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address Florida City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further agree to comply with the exformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Title **Name** <u>Address</u> □ Add ☐ Remove _□ Change _□ ∧dd ☐ Remove 19 _**ு ஜி**வக்ச் ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change

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Page 3 of 3

Filing Fee: \$25.00