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(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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SEP LARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: P (Upud	of Lineited Lizhility Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u> Jef</u>	f Purdy
	Name of Pelasih WPINTEY J.J. C Firm Company
2125	W PIPUN Rel
	City/State and Zip Code
Sandy DI	tress: (a) be used for future animal report notification)
For further information concerning this matter, p	 lease call:
Sandy Purdy Name of Person	at (863) SUO 654 (9 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee Certificate of Se	

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 ARTICLES OF ORGANIZATION OF

JP (Car	Dentex SAC
(Name of the Line	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	iability Company were filed on 5 12 04 and assigned
Florida document number <u>COHOOOB</u>	
 This amendment is submitted to amend the fall	owing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the	sourds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Principal office address MUST BE A STREE	et Address)
	See CO 1
	— pre-
Enter new mailing address, if applicable:	in the second of
(Mailing address MAY BE A POST OFFICE	ROX
maning masess war st. A 1 031 01 1 te.	
	30.
	or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	ffice address here:
	(0.1)
Name of New Registered Agent:	Jacob Lames Phroy (AMBR)
New Registered Office Address:	599 Parouso Privil
	Enter Florida street address
	Millbourg Florida 33800
	City Zip Code
Van Begistered Agent's Signature if changing	Paristared Ament

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) authoriz	ed to man:	age, enter the title, name, and address of each person, being added
MGR = M AMBR = A	anager uthorized Member	,	
<u>Tide</u> AMBR	Name Jacob James t	uldy	Address 599 Paraiso Dille Type of Action [DN25 Mayor Mulberry, F1] 33860
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mending any other info	rmation, entër chanş 	e(s) here: (Attach ac	dditional sheets, if neces	isary.)
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record specifies a del	 aved effective date	. but not an effect	ive time, at 12:01 a	.m. on the earlier o
he 90th day after the	record is filed.	,		
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10d <u>Aux 25</u>	2	<u> 2017 .</u>		
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	Signature of a mem	her or authorized represent	tative of a member	
	Signature of a mem	ber or authorized represen	native of a member	

Page 3 of 3

Filing Fee: \$25.00