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COVER LETTER

то:	Registration Sect Division of Corpo						
ATT 13.	TOMMY JOS	NES LLC					
SUBJE	UI: _ <u></u> _	Name of Lim	ited Liability Company				
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		mendment and fee(s) are sub fence concerning this matter	_				
r rease re	eturi ari correspond	TOMMY JONES	to the following.				
			Name of Person				
	ļ	TOMMY JONES LLC					
			Firm/Company				
	ı	913 CHRISTEN COURT					
			Address	· · · · · · · · · · · · · · · · · · ·			
		FT WALTON BEACH FL	. 32547				
		ECTS-INC@JUNO.COM	City/State and Zip Code				
For furth	ner information cor	E-mail address; (accerning this matter, please ca	to be used for future annual repo	ort notification)			
			at ()				
	Name of I	Person	Area Code f	Daytime Telephone Number			
Enclosed	d 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

FILED

2019 APR -4 AM 9: 08

TOMMY JONES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/27/2004 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1.04000070761 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

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 Changing Registered Agent, Signature of New Registered Agent

_, Florida _

f amending or removed	g Authorized Person(s) authoriz <u>from our records</u> :	ed to manage, enter the title, name, and addre	ss of each person being add
MGR = N			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	BRETT A JONES	913 CHRISTEN COURT	
	,	FT WALTON BEACH FL 32547	
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Filing Fee: \$25.00