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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer	
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COVER LETTER

TO: Registration So Division of Con	ection rporations	•	•	đ
	J Whitney Real Estate, LLC			
SUBJECT:	Name of Lim	ited Lizbility Company		
	Amendment and fee(s) are sub			
	JARET WHITNEY			
		Name of Person		<u></u>
	J MHI.	TNEY REAL ESTATE, LLC		_
	18610 U.S. HWY 441	Firm/Company		
	MT. DORA, FL 32757	Address		-
	JENN@EXITREALTYTRI			-
	E-mail address: (to be used for future annual report notifi	cation)	C1.
For further information of JENNIFER SCHEINBE	concerning this matter, please co	ali: 352 385-3948		
JEMM ER SCHEMOL		at ()	·	:
Name o	f Person	Area Code Daytime	Telephone Numbe	2 -
Enclosed is a check for t	he following amount:			> \frac{1}{2}
Signature Signa	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifie	filing Fee, № ate of Status &

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Whitney Real Estate . LLC	
(Name of the Limited Liability Company as It now appears on our (A Florida Limited Liability Company)	records.)
ne Articles of Organization for this Limited Liability Company were filed on	and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
ter new mailing address, if applicable:	
Tailing address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered office address on our records,	enter the name of the new registe
ent and/or the new registered office address here:	2021
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street	
	= J
City	, Florida Zip_Code
ew 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JARET WHTINEY	18610 U.S. HWY 441	
			Add
		MT. DORA, FL 32757	Remove
			Change
			□ Add
			□Remove
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Filing Fee: \$25.00