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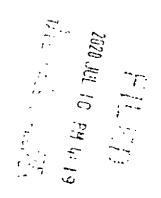
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US 7/19/20

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	ALLENTOWN	ENTER PRISES,	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason	name of Person	N 7070 J
	Allen	town Enterprises,	LLC JULIUS FILLIS
	5891	Oglesby Rd.	
	milt	FI. 32570 City/State and Zip Code	
	allentou	UN WORK 6 YALOO, C	lom_
For further information c	E-mail address: (oncerning this matter, please c		ication)
Jason	Jernisan	at (<u>850</u>) 777 Area Code Daytime	-7445
Name o	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	
Tallahassee, l			: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLENIOUN E		
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our recor jability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0500049124</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi JASON'S CREATIONS on The new name must be distinguishable and contain the words "Limited Liability".		NS, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME AS BEFOR	RE-5891 Oglesby Rd.
(Principal office address MUST BE A STREET ADDRESS)	M1400 F1. 3	32570.
Enter new mailing address, if applicable:	Some	0-10 P
(Mailing address MAY BE A POST OFFICE BOX)		- <u>r</u> -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addi	ress
	. !	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			. Qehange
			Gehange J.J. □'Add
			□ Remove ··
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□ Add
			Remove
			□Change

	
	
	
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etive date, if other than the date of filing: $0.7/10/2080$ 12:01a (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	- -

Filing Fee: \$25.00