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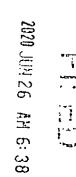
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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AUG 1 1 2020 S. YOUNG

COVER LETTER

Division of Co			•
NJT., LEG	3		
SUBJECT:	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:	
	Matthew B. Taylor		
		Name of Person	_
	Johnson Pope		
		Firm/Company	
	401 E. Jackson Street, Suit	te 3100	
		Address	
	Tampa, Florida 33602		
		City/State and Zip Code	
	matthewt@jpfirm.com E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Matthew B Taylor		941 465-7432	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S	_	<u>Street Address</u> Registration Se	ation
Division of C		Division of Cor	

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

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

N.J.T., LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Forest Entities)	crasmy company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/22/2005	ຸ້ວ and assigned	
Florida document number [L05000062167]			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
N.J.T. Holdings. LLC			
The new name must be distinguishable and contain the words *Limited Liabit	tity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5590 Erie Road		
(Principal office address MUST BE A STREET ADDRESS)	Parrish, FL 34219		
Enter new mailing address, if applicable:	5590 Eric Road		
Mailing address MAY BE A POST OFFICE BOX)	Parrish, FL 34219		
William Good Garrier Berry		-	
 If amending the registered agent and/or registered office a agent and/or the new registered office address here: 	address on our records, <u>enter the</u>	name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	*	
	City	Zip Code	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

M GR = M anager AM BR = Authorized M ember

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
		 .	□ Change
-			□Add
			Change
			□Add
		□Remove	
			□ Change
			□Add
		-	□ Remove
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			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Chanoe

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) g.) Pursuant to 605.020
e will not be listed a
he 90th day after the
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Filing Fee: \$25.00