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| <u></u> | ☐ WAIT | MAIL. | |
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EXAMINER



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

10 NOV 12 PM IZ:

COVER LETTER

| TO: Registration So Division of Co | |
|------------------------------------|--|
| SUBJECT: | JL. LLC. |
| | Name of Limited Liability Companya |
| | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. |
| Please return all correspond | ondence concerning this matter to the following: |
| · | Istal PEEZ. Sight |
| | JL LLC. |
| | Firm/Company |
| · | 7001 SW 87 Ct. |
| , , , | Mixmi, Pl. 33173 |
| ROBSEROS | ASIP See Count City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further information of | |
| is spell | (ECEZ-SIAM at 305 630-2874 |
| Name o | of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for t | he following amount: |
| \$25.00 Filing Fee | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 (Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __ and assigned 050000 88447 Florida document number 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 end with 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| | | Add Remove |
|---|--|--|
| | | |
| _ ·_· · · · · · · · · · · · · · · · · · | | Add Remove |
| | | Add Remove |
| ny other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | |
| | | _ |
| | | - |
| 10 | | _ |
| | 110, | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |

Page 2 of 2

Filing Fee: \$25.00