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COVER LETTER

	egistration Sec ivision of Corp			
eub mea	JS HOLDIN			
SUBJECT	`		ited Liability Company	
		Amendment and fee(s) are sub-	-	
riease retu	m all correspon	dence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
		820 E. Park Ave Building	A	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		jsauls@benchmarkres.com		, , , , =
For further	information co	ncerning this matter, please ca	to be used for future annual report notivall;	ication)
James Sau	ls		850 2246275 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for the	e 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

JS HOLDINGS LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on December 13,2005 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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:	820 E. Park Ave Builling A Tallahassee, Florida 32301
(Principal office address MUST BE A STREET ADDRES	55)
	SE SE
Enter new mailing address, if applicable:	820 E. Park Ave Building A Tallahassee Ferida 230
(Mailing uddress MAY BE A POST OFFICE BOX)	
	<u> </u>
79 IC 11 11 11 11 11 11 11 11 11 11 11 11 11	ORIDA ORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00