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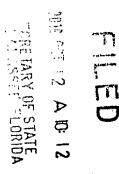
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: J +	D Chancy Sen Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John L	Chaney Jr Name of Person	
	J+D CH	aney Service, 1	LC
	2084 Tu	rner Rd PD Box	312
	Green Cove	Springs FL 3 City/State and Zip Code	2043
	Chaney 1910 E-mail address:	9 Ohell South. Ne to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
John Ch Name o	ANCY f Person	at (904) 591- Area Code Daytime	-7549 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 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

	ney Service LLC) 	
(Name of the Limited	Liability Company as it now appears or A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number		6-8-2006	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:	ji ga	23
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desig	nation "LLC" or the abbre	
Enter new principal offices address, if applical	ole:	い <u>の</u> 公型 いご	[
(Principal office address MUST BE A STREET	ADDRESS)	<u>, no</u>	<u> </u>
		: s	
		TATE ORID	-
Enter new mailing address, if applicable:		→ `	<u>N</u>
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		·····
B. If amending the registered agent and/or registered agent and/or the new registered offi		ır records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	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:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Troupe A. Johns	1182 Buccaneer Blvd Green Cove Springs, FL 3	™ Add
		Green Cove Springs, FL 3	<u>7043</u> □ Remove
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effective date is listed, the	e date must be specif	fic and cannot be pri	ior to date of filing or		ays after t	filing.) P	
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Filing Fee: \$25.00