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COVER LETTER

	Registration S Division of Co			· b g.
SUBJECT	r: J. P. E	ight, LLC		
		(Name of Lim	ited Liability Company)	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	arn all corresp	ondence concerning this matter	to the following:	
		Rob Peecher		
			(Name of Person)	
		J. P. Eight, LLC		08
			(Firm/Company)	FILED AN IO: 35 SECRETARY OF STATE FLORIDA FALLAHASSEE FLORIDA FILED FILED FILED
		19682 Villa Rosa Loop		
			(Address)	FILED WIN -L AH ID: 35 COPETANY OF STATE LLAHASSEE FLORID
		Fort Myers, Florida, 3396	57	SIR 3
			(City/State and Zip Code)	
For further	r information o	concerning this matter, please c	all:	
Rob Pe	echer		at (_313_) 680-8077	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is	s a check for t	he following amount:		
2 \$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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. P. Eight, LLC				
(<u>Name of the Limite</u>	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited I	iability Company were fi	led on November 20, 2007	and assigned	
Florida document number <u>L07000116814</u>	-			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability con	mpany here:	08 JUL SECT	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liab	ility Company," the designation "	LLC" of the abbreviation	
Enter new principal offices address, if appli-	cable:		110g 15	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	
	•===		<u>```</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o		dress on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Rob Peecher			
New Registered Office Address:	New Registered Office Address: 19682 Villa Rosa Loop			
		(Enter Florida street ad	dress)	
	Fort Myers	, Florida <u>33</u>	967	
	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name **Address Type of Action** ☐ Add ☐ Remove Add Remove Add 🗂 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the address of Rob Peecher to: 19682 Villa Rosa Loop Fort Myers, Florida 33967 Dated June 2 Signature of a member or authorized representative of a member Rob Peecher Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00