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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations			
	TMENTS OF GEORGIA, LLC	3		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	John I., Soileau, Esq.			
		Name of Person		
	Watson, Soileau, DeLeo &	Burgett, P.A.		
		Firm/Company		
	3490 North U.S. Highway	1		
		Address		
	Cocoa, FL 32926			
		City/State and Zip Code		
	jsoileau@brevardlawgroup			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
John L. Soileau		321 631-1550 at ( )		
Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632	7	The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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JY INVESTMENTS OF GEORGIA, LLC

(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 December	24, 2007 and assigned
Florida document number L07000126830		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>_</u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	nddroer
	inio i wind sitei	
	City	Florida Zip Code
New Registered Agent's Signature if changing Degisters	•	гір Сойе

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 =	Authorized	Member	

<u>Title</u>	Name	Address 2220 AUS 17 Pii 7: 40	Type of Action
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ARTICLE III	This Company is organiz	zed for the purpo	se of engaging in	and is authorized,	to conduct, any	7: 40
and all business	activity permitted under	r the laws of any	State in which the	c Company has an	y activity.	
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effective date is listed effective date insert	er than the date of file I, the date must be specific a sed in this block does no ate on the Department o	and cannot be prior of meet the applic	able statutory fili	more than 90 days at	tional) ter filing.) Pursuant his date will not b	to 605.02 be listed
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Filing Fee: \$25.00