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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | | J Direction | LLC |
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| | Name of Limi | ted Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are sub | mitted for filing. | |
| Please return all corresponde | | | |
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| | | Joan Kata | 2 PIG (|
| | | Name of Person | |
| | | JJ Drection | |
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| | | City/State and Zip Code | |
| - | E-mail address: () | to be used for future annual report notif | fication) |
| For further information cone | | | |
| ? | | , | |
| Name of Pe | | ar (ar), L30 | - 19 20 e Telephone Number |
| Name of Fe | 15011 | Mea Code Daying | reachione realises |
| Enclosed is a check for the f | ollowing amount: | | |
| - / | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |
| | | · | (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |
| Registration Sec Division of Corp | | Registration Sea Division of Cor | |
| P.O. Box 6327 | 701 attono | The Centre of T | allahassee |
| Tallahassee, FL | 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Direction LLC |
|---|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lii | Company as it now appears on our records.) mited Liability Company) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>しつそののつる</u> | npany were filed on 3/5/2008 and assigned 488 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | f 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: | |
| (Principal office address MUST BE A STREET ADDRES | SS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2020 HAR -2 PH 3: |
| B. If amending the registered agent and/or registered or agent and/or the new registered office address here: | ffice address on our records, enter the name of the new register |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| - | City Zup 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------------------|-----------------|
| MOR | JOHN TUR | 6538 Glins Are Miani Beach, Fl 33141 | > Add |
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| ffect | ive date, if other than the date of filing: |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| ocum | nent's effective date on the Department of State's records. |
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| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
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