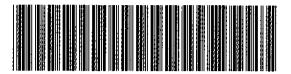
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(Rec	questor's Name)			
(Add	lress)			
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(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: JESC O PROPERTIES LIMITED LIABILITY COMPANY (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JAMES JESSUP (Name of Person)					
Tessul Advisory Group Limited Libauty Company					
118 ANNWOOD ROAC					
(Address)  PAIM HARBOR, FL, 34685  (City/State and Zip Code)					
For further information concerning this matter, please call:					
TAMES D JESSUA at (717) 787-0072  (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status (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



(Zip Code)

. Jesco PROPERTIES LIM	ITEL LIBALITY COMPANY
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	TEL LIBALITY COMPANY  As it now appears on our records.)  billity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LORODOQSS207</u>	4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Jessup Advisory Group  The new name must be distinguishable and end with the words "Limite"  "L.L.C."	LIMITES LIABILITY COMPANY d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
- <del> </del>	(Enter Florida street address)
	, Florida

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

If amcading the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
			O9 FEB -
			2 MH ID: 35
Dated	1/30/ . 20 Dance S.	Jessel	<u>≱</u>
	JAMES	Tessup dor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00