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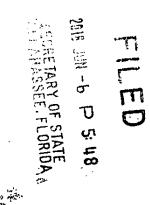
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JUN 07 2016
Warren
S MASON

COVER LETTER

TO: *Registration Se Division of Cor			•
SUBJECT:	JUI Ve Name of Limi	ntures, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Loag	Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code O @ bell South. r	104
	E-mail address:	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	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

	1enture	3, 660	4	
(Name of the Limited (A	<u>Liability Company a</u> Florida Limited Liabi	s it now appears on o lity Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company we	re filed on	51081200	9 and assigned
Florida document number <u>L090000</u>				U
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability	company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability (Company," the designa	ition "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:		77 <u>20</u> 20 FT 74 	Appendix see
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		15.50 15.50	
			<u></u>	
Enter new mailing address, if applicable:	_		ORIDA	8 ਨੰ:
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet address	
		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			

If Changing Registered Agent, Signature of New 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>	Name	Address	Type of Action
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	if other than t	the date of filir	101		(optiona	D.	
ective date	is listed, the date r	must be specific an	nd cannot be prior to	o date of filing or m	ore than 90 day:	s after filin	ig.) Pursu	ant to 605.
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te: If the da cument's effe record spe	ective date on the ecifies a delay ay after the r	ecord is filed	a member or suthon	016	e of a member	on SECRETARY OF STATE	- Nr. 3102	ne earlie

Filing Fee: \$25.00