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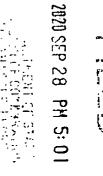
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	THE JP	GIBSON GROUP, LLC				
	, , , , , , , , , , , , , , , , , , , ,	Name of Limited Liability Company				
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for tiling.			
Please return a	II correspo	ndence concerning this matter	to the following:			
		JOHN E. GIBSON, JR				
			Name of Person	**************************************		
		THE JP GIBSON GROU	JP, LLC			
			Firm/Company			
		2470 HICKEY CREEK	ROAD			
			Address			
		ALVA. FL 33920				
		City/State and Zip Code				
		gibsongroup1975@gmail.c				
		E-mail address: (to be used for future annual report noti	fication)		
For further info	ormation co	oncerning this matter, please co	all:			
JOHN E. GIF	BSON, JR.		239 349-0797			
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a c	heck for th	e following amount:				
□ \$25.00 File	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O.	ng Address stration S sion of Co Box 632 shassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations		
ı ullu			Tallahassee, FL			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE JP GIBSON GROUP	, LLC		Tr. E.
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Company	were filed on03/15/20	and assigned
Florida document number L10000028176	·		
This amendment is submitted to amend the following	owing:		A 5: 0
A. If amending name, enter the new name o	f the limited liab	oility company here:	·
N/A			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		,
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or	•	address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	JOHN E. GII	BSON, JR.	
New Registered Office Address:	2470 HICKE	EY CREEK ROAD	
They megistered office regards.		Enter Florida street a	uddress
	ALVA		, Florida <u>33920</u>
	,	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PAMELA M. GIBSON	2470 HICKEY CREEK ROAD	□Add
		ALVA, FL 33920	⊠Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

lfan effecti <u>Note:</u> If (date, if other than the date of filing:
e record s rd is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Sep-21 2020. Only Signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member
	JOHN E. GIBSON, JR.
	Typed or printed name of signee

D.

E.

Filing Fee: \$25.00