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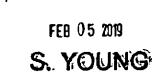
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	CT:	Ten u) Name of Limit	Invisiments Liability Company	
The end	losed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please	eturn all corresponder	ce concerning this matter to	o the following:	
	-	LAURIC	e Bartett Name of Person	· - -
	-	SUNCO	AST Firm/Company	
	-	13031 M	MCGRLGOR B/V Address	d #16
	<u>.</u>	FF MYT bARHEH @SV E-mail address: (to	LRS; F1 339 City/State and Zip Code MCOOST R LOhold obe used for future annual report not	19 1195, com
For furt	her information conce	rning this matter, please cal		
_l,	AVRIL BY Name of Pen	rettett Son	at (<u>234)</u> <u>440</u> Area Code Daytin	74// ne Telephone Number
Enclose	d is a check for the fo	llowing 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

Jan W Inli	estments IIC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000092005</u> .	were filed on $9-1-2010$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	13031 MCGREGOR Blud #16
	H Myers ; Fr 33719
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	24
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent: De	PORAH K WOODS
New Registered Office Address: 1303	31 MC6 RLGOR Blud #-16 Enter Florida street address
	Mycks Florida 33919 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	

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	Type of Action	
9mDR	MARCHROH G ECKLUND	13631 McCKEGOR Blud #16 ETMYERS FI 33919	<u>L</u> e Add	
	ECHILIA	ETMYERS FI 33919	☐ Remove	
			Change	
			Add	
			Remove	
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			Add	
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			Remove	
			Change	
			Add	
			Remove	
			Change	
			Add	
			□ Remove	
			Change	

. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	
	
(If an <u>Not</u> e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	Signalific of a member or authorized representative of a member
	organizate of a member of authorized representative of a member
	TALK Lee Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00