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COVER LETTER

Division of C	Corporations					
CARMII SUBJECT:	IL JACK, LLC					
	Name of Limited Liability Company					
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.					
Please return all corres	espondence concerning this matter to the following:					
	KEVIN T. VAGOVIC, ESQ.					
	Name of Peram					
	KEVIN T. VAGOVIC, P.A.					
	Firm/Company					
	210 S. BEACH STREET, SUITE 203					
	Address					
	DAYTONA BEACH, FLORIDA 32114					
	City/State and Zip Code KEVIN@VAGOVICLAW.COM					
	E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please call:					
KEVIN T. VAGOVIC	C 386 265-0900					
Name	ne of Person Area Code Daytime Telephone Number					
Enclosed is a check for	or the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed) 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

CARMIL JACK, LLC				
(<u>Name of the Lim</u>	ited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)		
The Articles of Organization for this Limited I	iability Company were file	ed on FEBRUARY 13, 2012	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability com	<u>pany here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)		7 106	
Enter new mailing address, if applicable:			6-6 1711	
(Mailing address MAY BE A POST OFFICE	BOX)		2 5	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			<u>he пате of the new</u>	
· · · · · · · · · · · · · · · · · · ·	210 S. BEACH STREET	SUITE 203		
New Registered Office Address:	Enter Florida street address			
	DAYTONA BEACH	, Florida 321	14	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaction in the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete perform istered agent as provided registered office address,	ance of my duties, and I am fa for in Chapter 605, F.S. Or, i	miliar with and f this document is	
,				
	1P'Changing Regi	sterod Agent Signature of New-Reg	istered Agent	

Page 1 of 3

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
AMBR	STEVEN H. SPINNER	98 GRANDE PASEO	Add
		SAN RAFAEL, CA 94903	□ Remove
			☐ Change
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	AUGUST 4, 201	7		
ective date, if other than the date neffective date is listed, the date must be sp	of filing:		(optional)	Pursuant to 605 02
te: If the date inserted in this block do	oes not meet the applicable:			
cument's effective date on the Departr	ment of State's records.			
record specifies a delayed effe	ective date but not an	effective time at 1	12:01 a.m. o	n the earlier
The 90th day after the record i		enective time, at	12.01 8.111. 01	Title earlier
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Filing Fee: \$25.00