L12000030864

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COVER LETTER

TO: Registration So Division of Con			
	TY GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	rane of Bin	tion Diability Company	
•	•		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Stepfon Norwood		
		Name of Person	
•	J&S REALTY GROUP, L		
	 	Firm/Company	
	5811 Memorial Hwy suite	205	
		Address	· · · · · · · · · · · · · · · · · · ·
	Tampa, FL 33615		
		City/State and Zip Code	
	snorwood@jandsrealtygrou		•
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Stepfon Norwood		239 6912171 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability Compa		
(A Florida Limited L	ny as it now appears on our records liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/05/2012	and assigned
Florida document number L12000030864		
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liabi	lity company here:	•
	·	· .
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	warder.
Enter new principal offices address, if applicable:	5811 Memorial Hwy	· 5
(Principal office address MUST BE A STREET ADDRESS)	Suite 205	BE TI
	Tampa, FL 33615	9 5 1
Enter new mailing address, if applicable:	5811 Memorial Hwy	P II
(Mailing address MAY BE A POST OFFICE BOX)	Suite 205	5 5
	Tampa, FL 33615	\widetilde{v}_0 .

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> Name <u>Address</u> **Type of Action** _ 🗆 Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □-Remove 16 O 1 □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

☐ Change

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