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COVER LETTER

Division of Corpora	ations		
SUBJECT: BOJ	NDLESS S	PRING LLC ted Liability Company	
	Name of Limit	ed Liability Company	
•			
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	JEFFRE	Name of Person	
•		Name of Person	
1	JWRE	EAL LLC	
		Firm/Company	
1	112 SOUT	4 Mi AMi A	VENVE
		H Mi AMi A) Address	
		FLORIDA -	
	The Control of the Co	City/State and Zip Code	33(30
	jwebste	reju real. wan	
1	E-mail address: (to	o be used for future annual report notifi	cation)
For further information conc	erning this matter, please ca	A1:	
TERRALL 1.	us a som	205. 771	1818
Name of Pe	rson	at (305) 771 Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Sourisces (Name of the Limited		ny as it now appears on	our records.)	:	E.FLO
(A	Florida Limited I	ny as it now appears on Liability Company)	 ,	ι	<u> </u>
The Articles of Organization for this Limited Liab	_	were filed on	122/2012	and assigned	Þ.
Florida document number L 1 2 0000 4	<u>د ۲۵ ه</u>				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
-					
The new name must be distinguishable and contain the work	ds "Limited Liabil	ity Company," the design	ation "LLC" or the abbrev	intion "L.L.C."	_
					J.C
Enter new principal offices address, if applicable: $\frac{VLL}{500}$		THE MIAMI	77130	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	- NO AM	FLORINA	33130	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo			TH MI AMI FLOWDA		
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, enter the	name of the	new
registered agent andor the new registered office	ce addi ess ner	<u>c</u> .			
Name of New Registered Agent:	JWY	REAL LL			_
New Registered Office Address:	122	SOUTH M.	AMI AVE	170E	_
1			, Florida <u>3</u> ,		
		City	, riorida <u> </u>	Zin Coda	—

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.

SE :E MA DE AAM 81

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE SECREDA TALL AND SECR

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>	Address	Type of Action
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Ď.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		SECRETARY OF STATE TALLAHASSEE, FLORIDA
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		18.MAR 30	RE TAR
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		ين 32 -	IATE ORIDA
			
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	, 	-	
E.	Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.		
	the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early.) The 90th day after the record is filed.	ier of	:
	Dated 15 MARCH, 2018. Walan North Signature of a member or authorized representative of a member		
	GRAHAM MORSE.		
	Typed or printed name of signee		

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Filing Fee: \$25.00