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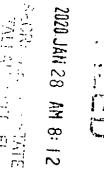
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O SIMMONS FEB 22 2020

COVER LETTER

TO:

Registration Section

Division of Cor	porations		1
SUBJECT:	Florida Inv.	ited Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	F	Ryan M. Tables Name of Person	,
		Name of Person	
		ABLES LAW Group, 1	Р.Д.
		r in the Company	
		175 Sheridan Street	i- → 301
		Address	
	1-1	ollywood, FL 3302	1
		City/State and Zip Code	
		Javinhenry 370 h	otmail, com
	E-mail address: (to be used for future afinual report notif	neation)
For further information of	concerning this matter, please co	all:	
Ryan	M. Tables	at (78 6) 269-	3554
Name o	f Person	Area Code Daytime	e 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of (Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA	FNVESTMENTS	334 LLC
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 920	12 and assigned
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liabi	lity company here:	2020 JAA Stori
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	50 2 34
(Principal office address MUST BE A STREET ADDRESS)		17 (c) (B) (1-2)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	s
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:	Спу	2.4 Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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
MGR	Donna-Marie Anthea Gray-Henry	253 N.E. 2" Street Unit 334 Minni, FLA 3313Z	_ OP Add
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			©Change
			□Add
		<u> </u>	□Remove
			Change.
			bbbAdd
			Remove
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effective date te: If the da tument's effe	, if other than e is listed, the date te inserted in the ective date on th	e must be specific is block does n ne Department	e and cannot meet of State	the applical s records.	ble statutory	/ filing requi	90 days afterements, th	is date w	ill not b	e listed a
record spe The 90th d	ecifies a dela ay after the	yed effective record is file	/e date ed.	, but not	an effect	ive time, a	at 12:01	a.m. o	n the e	earlier d
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