Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000074160 3)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MS ACCOUNTING & TAXES CORP

Account Number : I20200000030

: (786)346-8844

Fax Number

; (786)502-3694

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JENSENS LLC

Certificate of Status	0
Certified Copy	1
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MAR 0 6 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20000074160 3

Jensens LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	4/10/2012	and a	ssigned
Florida document number L12000049017			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :		
Jensens 3 LLC			
The new name must be distinguishable and contain the words "Limited Liability 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)			
			<u>_</u>
			J
Enter new mailing address, if applicable:			n 29
Mailing address MAY BE A POST OFFICE BOX		2. E	
	· · · · · · · · · · · · · · · · · · ·		
<del></del>			
B. If amending the registered agent and/or registered office address or	n our records, <u>ente</u>	r-the name	of the ne
registered agent and/or the new registered office address here:		- 등 : 12 - 등 : 4	· ·
		F	1
Name of New Registered Agent:		<del></del>	<u></u>
New Registered Office Address:			
	orida street address		
	, Florida _		
City	<del></del>	Zip Cod	

## 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

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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F. ffootive	data if other than the date of filing.
(If an effect	date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Gocumen	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
1116 3	out day after the record is filed.
	3-5-2020
	<u> 3-5-2020</u> ,
Dated _	
Dated	
Dated	Educado E Co
Dated	

Typed or printed name of signee

Page 3 of 3

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