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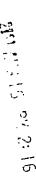
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COVER LETTER

TO: Registration S Division of Co			
J.E.M. Par			•
SUBJECT:	Name of Lin	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresponding	ondence concerning this matter	to the following:	
	Mark Rouleau		
•		Name of Person	•
1	Popstroke Holdings, LLC		
•		Firm/Company	
	1001 N. U.S. Highway 1, 9	Suite 500	
		Address	
	Jupiyer, FL 33477		
		City/State and Zip Code	
	mark.rouleau@popstroke.co	om to be used for future annual report no	atilication)
For further information of	concerning this matter, please c	·	
Mark Rouleau		561 203-7974	
Name o	of Person		me 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 631	27	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.E.M. Partners, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 26, 2012 ____ and assigned Florida document number ______L12000084501 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) حی Ş Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Patricia Bartoli	1001 US Highway 1. Suite 500	□Add
		Jupiter, Fl. 33477	■Remove
			□Change
-			□Adđ
			□Remove
			Change
			□Remove
			□Ch ā ngc
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		<u>N:</u>
		,
		<u>.</u>
ote: If the date inserted in this	ne date of filing: must be specific and cannot be prior to date of block does not meet the applicable star Department of State's records.	(optional) of tiling or more than 90 days after filing.) Pursuant to 605.01 tutory filing requirements, this date will not be listed
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
	2021	
ated August 4	Signature of a member or authorized re	