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COVER LETTER

Division of Cor			, j	
SUBJECT: JR	N OF STUA	RT LLC		,
	Name of Lim	ited Liability Company	_	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	<u>Ciudra Ka</u>	Name of Person		
	JRN of ST	TUART L	<u>LC</u>	
	796 NW	J HAM BC	129 1	<u>2d</u>
	Madison	City/State and Zip Code	1a 3	2940
	APKIN PCE-mail address: (i	to be used for future annual re	eport notification)	2+
For further information ed	oncerning this matter, please ea	all:		
A UCI Name of	Person	at (772) Area Code	Daytime Telepho	one Number
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 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 Address:

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on and assigned
Florida document number <u>L 1 2000 9836</u> 8	
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 Co	ompany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	96 NW HAMBURG Rd
(Principal office address MUST BE A STREET ADDRESS)	IADISON FL 32340
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	96 NW HAMBURG-Rd nadison of 32340
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address: 196 NWH	AMBURG RU
Madison	N Florida 32340
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addicompany has been notified in writing of this change.	ormance of my duties, and I am familiar with and; ided for in Chapter 605, F.S. Or, if this decument 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
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			□Remove
			DChange
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
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		5.4.0. 	Add Remove
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	f other than the date s listed, the date must be		not be prior to date	of filing or more the	(option an 90 days after fi		ant to 60.	5.0207
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