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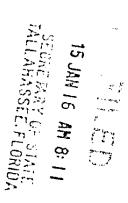
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•		(COVER LETTER		
	, G Gistration Sec Sision of Corp			∌ #€	
SUBJECT:	Jypsey L	LC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspor	ndence concerning this matter	to the following:		
		James Ross Rodda			
			Name of Person		
		Jypsey LLC			
			Firm/Company		
		4730 shinnecock Hil	lls Ct. #201		
			Address		
		Naples Florida 3411	2		
			City/State and Zip Code		
		jypsey@icloud.com			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ca	all:		
James R	oss Rodda	a	239 877-2885		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	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)	

MAILING ADDRESS: 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

Jypsey LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000144036</u>	were filed on 10/11/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
James Ross Rodda LLC	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4730 shinnecock hills ct.#201
(Principal office address MUST BE A STREET ADDRESS)	Naples Florida 34112
	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	ASS 5
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 'N AMBR = A	nanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			
			□ Remove
			
			☐ Remove
			☐ Remove
			D Add
			Remove

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artment of State) 2015	(optional) more than 90 days after
of a member or authorized representative of	f a member
	filing: r to date of receipt or filed date and cannot be artment of State) 2015

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE