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(Re	equestor's Name	3)
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(Bu	usiness Entity N	ame)
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SECRETARY OF STATE
TALLAHASSEE, FI ORIO

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COVER LETTER

FO: Registration : Division of C		,	
JLLS, LI Subject:	.C		
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Josh Abrams		
		Name of Person	
		Firm/Company	
	P.O. BOX 61020		
		Address	
	DENVER, CO 80206		
	jla.billpay@gmail.com	City/State and Zip Code	
Can finshar in formation		to be used for future annual report not	fication)
ror iurmer information	concerning this matter, please c	aii.	
MIA KI	TNER of Person		- 9706 ne Telephone Number
, vank	. 01 1 (130)	Alta Code Dayun	to receptione realises
Enclosed is a check for	the 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)

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

JLLS, 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 $\frac{12/02/2013}{1}$ _ and assigned Florida document number _L13000167257 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 324 Lofts, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> _□ Add _□ Remove ☐ Change ☐ Remove Change □ Add ☐ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

_□ Change

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Effective date, if other than the	date of filing:	(optional)	
f an effective date is listed, the date mus	t be specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 60 attaits statutory filing requirements, this date will not be list	05.0207
document's effective date on the D		statutory ining requirements, this date will not be its	sted as
ne record specifies a delayed The 90th day after the rec		n effective time, at 12:01 a.m. on the earl	lier of
D 1 4	****		
Dated December 26	2018		
(M)	Una :		
		ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00