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(Address)	
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COVER LETTER

TO: Registration S Division of Co				Control of the second of the s
			To Co	
SUBJECT:	Jenco Holdings LLC			Con the state of t
	Name of Lim	ited Liability Company		
				Age Barrier
				ر م
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		64
Please return all corresp	ondence concerning this matter	to the following:		
		•		
				j
	Rainer	N. Filthaut		ŀ
		Name of Person		
	IRC In	ternational Realty Corp.		
		Firm/Company		
		t une Company		
	3838 T	amiami Trail N, Suite 416		
		Address		
	Naples	, FL 34103		
		City/State and Zip Code		
	rainer@	inter-realty.com		ı
	E-mail address: (to be used for future annual report notif	ication)	
For further information .	concerning this matter, please co	s ·		
TO TAKE (HOTH)	ioneerining this matter, prease of	μ.().		
15 ' N P	9.1	. 220 213 . 1000		
Rainer N. F	i <u>Hnaut</u> of Person	at (<u>239</u>) <u>213-4000</u> Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	•
		(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Mailing Addre		Street Address:	··.	
Registration		Registration Sec		
Division of C		Division of Cor		
P.O. Box 63:		The Centre of T		
Tallahassee,	r i. 34314	∠410 N. Monros	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LOUIN O ARCH **OF** Jenco Holdings LLC

	orida Limited Liability Company)	it in ite		5
The Articles of Organization for this Limited Liabili	ty Company were filed on	05/14/2014	and assigned	
Florida document number <u>L14000078550</u>				
This amendment is submitted to amend the following	<u>3</u> :			
A. If amending name, enter the new name of the	limited liability company h	ere:		
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 applicables				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or regist	ered office address on our	records, enter the na	me of the new register	ed
agent and/or the new registered office address he		-	.	_
Name of New Registered Agent:				
New Registered Office Address:		rula street address		
	ramer cue	naa sireet aaaress		
_	City	, Florida _	Zw Code	
New Registered Agent's Signature, if changing Registered		Florida _	Zıp Code	

If Changing Registered Agent, Signature of New Registered Agent

ŗ

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	Verda DeEskinazis	3838 Tamiami Tril N. Suite 416	[X] Add
	Naples, FL 34113	□Remove	
		-	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
		·	□Change
	,	□Add	
			□Remove
			∏Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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an effect ote: If	e date, if other than the date of filing:
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the l.
ated	06/07/2020
	Signature of a member or authorized representative of a member
	Dainar N. Eilthaut
	Rainer N. Filthaut Typed or printed name of signee

Filing Fee: \$25.00