L14000079246

(Reques	tor's Name)
(Address	5)
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(City/Sta	ite/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
JJ CARRIA	GE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NADEAN C. GREGOR		
Name of Person			
ATLANTIC NONLAWYER SERVICES, INC.			
Firm/Company			
	1592 N. HWY. A1A		
		Address	
	SATELLITE BEACH, FL		
	alsi@atlanticnonlawyer.com	City/State and Zip Code	
	•	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
NADEAN C. GREGOR		321 773-2020 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		AFR .
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & . 1
Mailing Address Registration Solvision of Control P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HICADDIAGETIC

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000079246</u> .	y were filed on <u>05/15/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		7021
	Enter Florida street address	AD
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	D J

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	JONATHAN 🏕 BUBLITZ	440 Carriage Road	
		Satellite Beach, FL 32937	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
-			Add —
			———
			Change
			□ Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member		Signat	ure of a member or auti	norized representative	of a member		-
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