

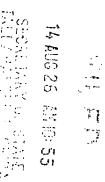
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COVER LETTER

TO:

TO: Registration Sec Division of Cor			
SÜBJECT: 167	Jergo UC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Howa	rd G. Wiedmar	1
		Name of Person	
	lo	7 Jergo LLC Firm/Company	<u> </u>
		Firm/Company	
	151 Je	rgo Rd. Address	
		Address	
	winter	Park, FL 32- City/State and Zip Code	792.
	E-mail address: (Iman ho yahw. Co	DVY fication)
For further information co	oncerning this matter, please co		
Howard Name of	Wiedman	at (487) 227	2249 e Telephone Number
Name o.	i Person	Area Code Daytina	e Tetephone Number
Enclosed is a check for th	ne 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)
V			
	ING ADDRESS: ation Section	STREET/COURI Registration Section	
Divisio	n of Corporations	Division of Corpor	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

167 Jero		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document numberL14000123446.	nny were filed on 8-6-14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 registered agent and/or the new registered office address by		ter the name of the nev
Name of New Registered Agent:		器 *
New Registered Office Address:		
	Enter Florida street address	76 2 100 294. 25 2 25 25 25 25 25 25 25 25 25 25 25 25
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and I a as provided for in Chapter 605, F.S. (nm familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Howard G. Wiedman	151 Jergo Rd Winker Park FL 327	1920 Add
			Remove
			□ Remove
			_□ Remove
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Add
			Remove

. Add:	FEI/EIN	47 -15 307	01	
······································	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	•		
		· · ·		
Effective date, if other tha	n the date of filing:			_ (optional)
he effective date must be specifi	e, cannot be prior to date	of receipt or filed date	and cannot be more than	_ (optional) 90 days after
Effective date, if other that The effective date must be specified the date this document is filed by	e, cannot be prior to date	of receipt or filed date	and cannot be more than	_ (optional) 90 days after
The effective date must be specifi the date this document is filed by	e, cannot be prior to date	of receipt or filed date	and cannot be more than	(optional) 90 days after
Effective date, if other that The effective date must be specified the date this document is filed by Dated	e, cannot be prior to date	of receipt or filed date	and cannot be more than	_ (optional) 90 days after
The effective date must be specifi the date this document is filed by	e, cannot be prior to date the Florida Department of the Florida Depar	of receipt or filed date of State)	and cannot be more than	90 days after
The effective date must be specifi the date this document is filed by	e, cannot be prior to date the Florida Department -	of receipt or filed date of State)	e and cannot be more than	90 days after

Page 3 of 3

Filing Fee: \$25.00