14000/43213

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	S TALLENT
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Office Use Only

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	2533 Name of Lir	JE Indian nited Liability Company	Drive Ll
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Jan	et L. Mar	ley
	Janet (2 Lagerstron Firm/Company	n, PA
	P.O. B	OX 280	
	Jensen JCLPA E-mail address:	Beach FL City/State and Zip Code 1 © ComcAs (to be used for future annual report note)	- 34958 ST. NET
For further information c	oncerning this matter, please c	·	
Janet L Name o	Marley	at (772) 334 Area Code Daytime	-3772 Telephone 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)

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{912}{14000143213}$	2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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 applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25 PH 5: 30
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	cords, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	address
	_, Florida Zip Code
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 = Au	uthorized Member		
<u>Title</u> MGR	Tack Allarley	Address 39 WHigh Point Rd Stuart, FL 34996	Type of Action Add Remove
AMBR	Jack A Marley, T	rustee 39 W. High Point Rd Stuart FL 34996	Change Add Remove Change
			_□ Change _□ Add
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'an effective date i Vote: If the date	if other than the date of slisted, the date must be specificated in this block doubtive date on the Departm	ecific and cannot be p es not meet the ap	oplicable statutory	or more than 90 days:	optional) after filing.) Pursuant to this date will not be	605.020 listed :
	cifies a delayed effec y after the record is		: not an effecti	ve time, at 12:0	1 a.m. on the ea	ırlier
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	111		TAUSEEE			
	grad A A Signan	ure of a member or	authorized represent	ative of a member		-

Page 3 of 3

Filing Fee: \$25.00