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COVER LETTER

	O: Registration Section Division of Corporat	ions		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT KAPUSCHANSKY Name of Person JPRT LLC Firm/Company 291 ORAME AV Address ET JOHNE FL 32259 City/State and Zip Code JRAPUSCHANSKY @ GMALL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT KAPUSCHANSKY at (904) 254 1987 Name of Person Name of Person Name Telephone Number	IRIECT: JP	RT LLC		
ROBERT KAPUSCHANSKY Name of Person JPRT LLC Firm/Company 291 ORAME AV Address ET JOHNE FL 32259 City/State and Zip Code JKAPUSCHANSKY @ GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROSERT KAPUSCHANSKY at (904) 354 1987 Name of Person Name of Person			Limited Liability Company	
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT KAPUSCHAWSKI at (204) 254 1987 Name of Person Area Code Daytime Telephone Number			·	
For further information concerning this matter, please call: ROBERT KAPUSCHAWSKY at (904) 254 1987 Name of Person Area Code Daytime Telephone Number	_	JK	APUSCHANSKY	GMAIL.COM
ROBERT KAPUSCHAWSKY at (904) 254 1987 Name of Person Area Code Daytime Telephone Number				n notification)
Name of Person Area Code Daytime Telephone Number	or further information concer	ting this matter, pleas	se call:	
	ROBERT KAPU	SCHANSKY	al (904) a	54 1987
Enclosed is a check for the following amount:	Name of Perso	n.	Area Code I	Daytime Telephone Number
Enclosed is a check for the following amount:				
, m	nclosed is a check for the foll	owing amount:		
Certificate of Status Certified Copy Certificate of St (additional copy is enclosed) Certified Copy	₹ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status		□ \$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

JPRT LL	<u> </u>		_
(<u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C		10 · 23 · 2014 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
		•	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "L1.C" or the abbreviation	TELL.C."
Enter new principal offices address, if applicable:			(°) a
(Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>	
		<u> </u>	4:-
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or regis	stered office address on o	our records, enter the na	ne of the nev
registered agent and/or the new registered office ado			
Name of New Registered Agent:			
New Registered Office Address: Enter Flori		a street address	<u> </u>
		, Florida	
	City	Уір С	ode

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JACQUELINE	291 ORANGE AU	
	JACQ-IELINE KAPUSCHANSKT	8T 704NS 33259	Remove
			☐ Change
			Add
			□ Remove
			Change
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			Remove
			Change
			☐ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed as
the record specifies a delayed effective date, but not an effective time) The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of
Dated 11. 27. 2017	
	2 ma
Signature of a member or authorized representative of a	
ROBERT KAPUSCHANSKY	1
Typed or printed name of signee	57
Page 3 of 3	10: g
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Filing Fee: \$25.00