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COVER LETTER 🔭

TO: Registration Section Division of Corporations	· •
SUBJECT: JOE K. P, 7 Name of L	TM ANCOLLC. imited Liability Company
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
CHARCE	Name of Person
15 5.	Firm/Company JACKSON Address
Duncy b fe E-mal address	City/State and Zip Code 1313 @ Yahoo. Com (to be used for future annual report notification)
For further information concerning this matter, please	
CHARCOS K. M. CLELLA Name of Person	at (85) 5-56. 5-548 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	4- 1 -
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 contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	0 2
registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	City Zip Code

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

Type of Action **Title Name** AMBR BRADY D. WHITE PERM QUINCY, FCH 32851 PAdd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove \sim Change Change 2 |-|-□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

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Note: If the date ins						rlier of:
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Page 3 of 3

Filing Fee: \$25.00