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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 574/2/ Ave 11C 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:
James Mine Name of Person
Or, James Milne Firm/Company
5333 North Dixie Hwy, Suite 204
Oakland Park, PL 33334. City/State and Zip Code
City/State and Zip Code IMGOC 123456 @ Aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Cimuglia at (954) 336-5277 Name of Person Area Code Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for the following amount:
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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

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Vamo of the Limited	Lichility Compos		maaamda)	
(Name of the Limited (A	Florida Limited Li	y as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L15 0000 62</u>	oility Company v		2015	_ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabil	lity company here:		
J3 Properties LL	C			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	le:	5333 Nort	h Dixie	Hwy
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	Svite 204 Oakland	1 1	33334.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	5333 North Suite 204 Oakland P		Hwy 33334
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	Susan (LAHASSEE TAPLE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		City		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00