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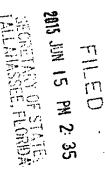
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, COVER LETTER

TO:	Registration Se Division of Cor					
SUBI		l Partners LLC				
Name of Limited Liability Company						
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	e return all correspo	ondence concerning this matter	to the following:			
		Jeffrey W Norton				
			Name of Person			
		JNS Capital Partners LLC				
			Firm/Company			
		72 Risher Ave				
			Address	y 		
		Inglis/FL 34449				
			City/State and Zip Code	andre - conde Mill - Made - et a calearne -		
		jeffrey.w.norton@gmail.co		 		
For fu	urther information c	e-mail address: (to be used for future annual report notif all:	neation)		
Jeffre	ey W Norton		847 4969037 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclo	osed is a check for th	ne following amount:				
S \$2	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 OF

FILED 2: 35

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

JNS Capital Partners LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000075151	were filed on April 28, 2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	72 Risher Ave	
Principal office address MUST BE A STREET ADDRESS)	Inglis, FL	
	34449	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Jeffrey W Norton	72 Risher Ave	□ Add
		Inglis, FL	□ Remove
		34449	☐ Change
AMBR	Sandra G Skinner	72 Risher Ave	Add
		Inglis, FL	□ Remove
		34449	
			☐ Remove
			□ Change
			🗖 Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			□ Change

	nation, enter change(s) here: (Attach additional sheets, if necessity)	essary.)
		
		~3
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		5 5
		# PR C
		35 A
Note: If the date inserted in this	ust be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
If the record specifies a delayed by The 90th day after the re	ed effective date, but not an effective time, at 12:01 a cord is filed.	a.m. on the earlier of:
Dated June 11	2015	
Jeffs.	Signature of a member or authorized representative of a member	
Jeffrey W Norton		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00