LIS QUOT5373

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SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN SEP 2 5 2017

COVER LETTER

TO: Registration Se Division of Cor		
Holdings JJ	U LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	indence concerning this matter to the following:	
	Sherrill Mickey	
SUBJECT: 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:		
	Holdings JJJ LLC	
Holdings JJJ LLC Firm/Company PO Box 447 Address		
	PO Box 447	
	Address	
	Odessa, FL 33556	
For further information co		
Sherrill Mickey		
Name of	f Person Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
\$25.00 Filing-Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

The Articles of Organization for this Limited Liability Compa		
Florida document number L150000075373	any were filed on 4/29/1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here	:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	gnation "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) 3. If amending the registered agent and/or registered registered agent and/or the new registered office address by	l office address on o	ur records, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

If Changing Registered Agent, Signature of New Registered

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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 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	Address	Type of Action
MGR	JJJ Family Trust	PO Box 447, Odessa, FL 33556	Add
			Remove
			Change
MGR	JJJ, as Trustee		
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			P 224 PN Innove
		-	RD Change

	ending any other information, enter change(s) here: (Attach additional sheets, if no	·	
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Effect	ive date, if other than the date of filing: (op fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	otional)	<u> </u>
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, then the effective date on the Department of State's records.	this date will not be	listed as th
docum	tent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 as 90th day after the record is filed.	1 a.m. on the ea	rlier of:
	Salaharia		
Dated	September 7,2017		
		. : ∑ % 3	
	Signature of a member or authorized representative of a member	SEP CALL LAH	
	Dul fannan	ASS ASS	_ =
	Typed or printed name of signee	E G	E D
	Page 3 of 3	STA	

Filing Fee: \$25.00