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COVER LETTER

| TO: Registration Sec Division of Corp | tion ' orations | , | - |
|--|---|---|--|
| SUBJECT: Re | agge Jerk | LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | O. Dwin | ht Gardner Name of Person | All the Wallet Land |
| | Reggae | Jerk LCC Firm/Company | |
| | 2210 5 | otesbury WA | - 4 |
| | Wellingt | on, FL 33 City/State and Zip Code - @ Consultnexta | 414 |
| | daardner | - @ consultnexta | sen . com |
| For further information co | e-mail address: (i | • | cation) |
| | Clardner | at (<u>305</u>) <u>804-1</u> Area Code Daytime | 291 |
| Name of | Person | 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 & Certified Copy (additional copy is enclosed) | Sectificate 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

| Reagae J | er K | LLC | | : | 2015 | | |
|--|---------------|-----------------|---|---------------------|------------------|---------------|--|
| (Name of the Limited | | | | | | Carles Carles | |
| The Articles of Organization for this Limited Lial Florida document number | - | npany were fi | led on $\frac{5}{12}$ | /2015 | 24 and 3: 03 | iner | |
| A. If amending name, enter the new name of t | he limited | d liability co | mpany here: | | | | |
| The new name must be distinguishable and contain the wor | rds "Limited | l Liability Com | pany," the designati | on "LLC" or the | e abbreviation ' | L.L.C." | |
| Enter new principal offices address, if applical | ole: | | 178 50 Treenacre | a Rd. | | | |
| (Principal office address MUST BE A STREET | ADDRES | <u>55)</u> | <u>ireenacre</u> | .s,FL | 33415 | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | 2210 Stotesbury Way Wellington, FL 33414 | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | | ldress on our | records, <u>ent</u> | er the nam | e of the new | |
| Name of New Registered Agent: | |)ruille | Dwight | - Gar | dner | | |
| New Registered Office Address: | | 210 S | Dwight totesbury Enter Florida siré | y Wav |) | | |
| | Wel | llingtor City |) v | , Florida | 334 Zip Cod | 14 le | |

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 amer, ding 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 Title Address Type of Action Drville Dwight Gardner 2210 Stotesbury Way RAdd Wellington, FL 33414 Change _□ Add □ Remove _□ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove Change <u>8</u> Change

| Robert R. Leslie holds a 10 percent interest in Regge Jerk along with 10 percent voting rights. |
|---|
| Orville D. Gardner holds a 90 percent interest in Reagare Jerk along with 90 percent voting rights. |
| In the event a member withdraws or retires from business for any reason, including death, the remaining member can continue using the Reagge |
| Terk name. A withdrawing partner shall be obligated to give forty five (45) days prior written notice of intention to withdraw or retire and shall be obligated to sell his interest |
| in the business. No member shall transfer interest in the business to any other party without written consent of the remaining member. E. Effective date, if other than the date of filing: |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Signature of a member or authorized representative of a member Robert R. Leslie |
| Page 3 of 3 Filing Fee: \$25.00 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)