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COVER LETTER

1/27/2022

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TO:	Registration Section Division of Corpora		•	,					
SUBJE	Jolie Burrell LL	C			• ,				
3018113	C.1.	Name of Limited Liability Company							
The encl	losed Articles of Ame	endment and fee(s) are sub-	mitted for filing.						
Please re	eturn all corresponder	nce concerning this matter t	to the following:						
	-	Joli	Burrel Name of Person	L					
	-	Bar	on & Kox	M					
		1279	8 W FO	Red Hul	Blud				
	_	M	Address LivyState and Zip Co	Fl	33414				
	_	Joli, buk E-mail address: (1	City/State and Zip Co	od: JTT nual report notificat	ion)				
For furth	her information conce	rning this matter, please ca	ıll:						
	Joli Bu Name of Per	rrell	aı (<u>3/2</u>) Area Code	543-	-4255 lephone Number				
Enciose	d is a check for the fo	llowing amount:							
■ \$25	.00 Filing Fee 📙	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing 1 Certified Copy (additional copy)	y	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed				
	Mailing Address: Registration Sect	ion		et Address: istration Section	on.				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 6/15 Florida document number L 15000 103 877 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida __ Cin

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 compty with inc provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an..' 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 = Ma $AMBR = Au$	nager thorized Member	111		
<u>Title</u>	<u>Name</u>	NA.	Address	Type of Action
				□Add
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vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
OC (III)	ical 3 effective date on the Department of State 8 records.
recor I is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—The 90th day after th led.
lated.	1/2-7-1707-2
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	Sol. Burnel
	Signature of a member of a uthorized representative of a member
	John Burrell
	101 5000-11.