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	į]	Arsenault Law	Fax: 7275861071	Jun 19	2015 11:10am P	002/005
		COVER I	LETTER			
TO: Registration Sect Division of Corpo						
Gianco JL JM SUBJECT:	Company, LLC					
SUBJECT:	: Nar	ne of Limited Liability Co	ompany			
The enclosed Articles of Ar	mendment and fee(s) are submitted for filin	g.			
Please return all correspond	ence concerning thi	s matter to the following	ıg:			
	Kenneth G. Arsen				_	
		Name of	Person			
	Arsenault Law Of	fices, P.A.			_	
		Firm/Co	mpany			
	10225 Ulmerion F	Road, Ste. 2		:		
		Addr	ess		_	
	Largo, FL 33771					
		City/State and	d Zip Code		-	
	karsenault@arsena					
		·	ture annual report notifice	idon)	i i	
For further information con	cerning this matter,	please call:				
Kenneth G. Arsenault, Jr.	:	727 at ()			
Name of P	erson	Area	a Code Daytime T	elephone Numb	er	
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fe	ee & □ \$55.00 H	Filing Fee &	□ \$60.00 I	filing Fee.	
V	Certificate of	Status Certifie	ed Copy al copy is enclosed)	Certific Certifie	ate of Status &	
	:					
	G ADDRESS:		STREET/COURIER	ADDRESS:		
	ion Section of Corporations		Registration Section Division of Corporati	ons		
P.O. Box Tallahass	6327 ee, FL 32314		Clifton Building 2661 Executive Center	er Circle		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tallahassee, FL 3230			
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ARTICLES OF AMENDMENT

Jun 19 2015 11:10am	P003/005
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ARTICLES OF ORGANIZATION Gianco JL JM Company, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/15/2015 and assigned Florida document number L15000104392 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 "L.L.C." 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 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 charge 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

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ii amending A	utnorized Person(s) auti om our records:	Arsenault Li horized to mana	av Fax: 7275861071 age, <u>enter the title, name, an</u>	d address o	2015 11:11am P004/005 f each person being added
MGR = Manager AMBR = Authorized Member			: 20 ₁	5 JUN 19	AK 8: 48 Type of Action FI ORID Add
Title	Name		Address FALL	METARY O	$F \subseteq \frac{\text{Type of Action}}{\text{Type of Action}}$
MGR	James Landers	:	4830 W. Kennedy Blvd.	MASEE,	FI. ORIO
		· · · · · · · · · · · · · · · · · · ·	Suite 445		□ Remove
		:	Tampa, FL 33609		☐ Change
MGR	Jeff McWilliams	: :	4830 W. Kennedy Blvd.		_ ■ Add
			Suite 445		☐ Remove
			Tampa, FL 33609		□ Change
					□ Add
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		: •			☐ Change
		·		l	□ Add
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			MICHAEL .		☐ Change
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