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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	JIVEGUYS Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	•
Please return all corresponde	nce concerning this matter to	o the following:	
	ROBIN		
•		Name of Person	
	Registered Agents, Inc		11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Firm/Company	
	3030 Rocky Point Dr. Ste	Address	,
-	Tampa, Florida 33607 Support a E-mail address: (to	City/State and Zip Code LLCAGENT. Co be used for future annual report notifi	cation)
For further information conce	erning this matter, please cal	II:	
ROBIN		at (850) 807-	4500
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$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

Name of the Limit	Y 5 Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on 06/25/2015 and assigned 04-93.
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	or registered office address on our records, enter the name of the new fice address here: REGISTERED AGENTS INC. 3030 ROCKY POINT DRIVE, SUITE 150 A Enter Florida street address [AMPA] Florida 33607
	City Zip Code
New Registered Agent's Signature, if changing R	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.

Bill Havre -- Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

ng Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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endi	ng any other information, e	nter change(s) here: (Attack	h additional sheets, if no	ecessary.)
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lf an effectiv <u>Note:</u> If th	date, if other than the date of the date is listed, the date must be spetched the date inserted in this block does a effective date on the Departm	eific and cannot be prior to date of the second meet the applicable statu	filing or more than 90 days af	
	d specifies a delayed effect th day after the record is		ective time, at 12:01	l a.m. on the earlier of
Dated	9/1/2016			16 S
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Page 3 of 3

Filing Fee: \$25.00