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(Re	equestor's Name)	
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Cover Letter

Name: Jerome Hall

Daytime Phone: 850-370-6360

Please return acknowledgement letter to:

Jerome Hall

Centennial Bank Attn: Rachel Warr

PO Box 370

Apalachicola FL 32329

COVER LETTER

TO: Registration S Division of Co			
AJA & BE	DA, LLC		
JOBSECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JEROME R. HALL		
		Name of Person	
	AJA & BDA, LLC		
		Firm/Company	
	52 7TH STREET		
		Address	
	APALACHICOLA, FL 32	320	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	dl:	
JEROME R. HALL		850 370-6360 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Fiting 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

AJA & BDA, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on t Liability Company)	our records.)		····	
The Articles of Organization for this Limited I Florida document number L150000166845	Liability Company	were filed on 10/01/20	015	8	and assig	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the	abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable:		JEROME R. HALL				
(Principal office address MUST BE A STRE		52 7TH STREET				
		APALACHICOLA, I	FL 32320			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				31/	- ₹	- · <u>-</u>
				() 11 12	7 PH	100
B. If amending the registered agent and registered agent and/or the new registered of			records, ente		name of ထ ယ	f the ne
Name of New Registered Agent:	JEROME R. H	ALL				
New Registered Office Address:	52 7TH STREI	ET				
	· · · · · ·	Enter Florida str	eet address			
	APALACHIC	OLA	, Florida	32320		
		City	,	Zir	Code	

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

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	JEROME R. HALL	52 7TH STREET	
		APALACHICOLA, FL 32320	Remove
			Change
MGRM	ANDREW ARNOLD	4121 ALESBURY DR	
		JACKSONVILLE, FL 32224	■ Remove
			☐ Change
MGRM	BRENDA ARNOLD	4121 ALESBURY DR	
		JACKSONVILLE, FL 32224	■ Remove
			☐ Change
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Page 3 of 3 Filing Fee: \$25,00