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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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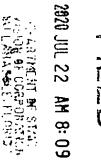


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A. JORDAN FELIX, ESQ., PLLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
A. JORDAN FELLX Name of Person	
A. JORDAN FELIX, 450. PLLC	
P.O. BOY 40004 Address	
JACKSONVILLE, FL 3220.3 City/State and Zip Code ASP FELIX. LALU	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
A. JORDAN FELIX Name of Person at (904) 403 1009 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	tus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number ___ 15 000 1769 5 7 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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>	<u>Address</u>	Type of Action
M 61R	FFLIX BUSINESS GREP	731 DWAL STATION RD	□Add
		STE # 107-304	Xremove
		JACKSOWILLY, FL 32218	□Change
MGR A. JORDAN FELIX	A.JORDAN FELIX	731 DULAL STATION POAD	(X Add
		STE# 107-304	□Remove
		JACKSONVILLE, FL 32218	□Change
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If an et Note:	tive date, if other than the date of filing: 7/14/70 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e recor d is fi	rd 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 led.
	7/18 . 2020.
Dated	1. 2. d. 16
Dated	Signarure of a member or authorized representative of a member