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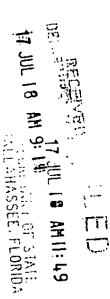
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jai Rock Enterprises LLC
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:
Jacqueline Coonce
Jai Rock Ederp VISES Firm/Company
1751 Kings Highway
Clearwater, Fl 33755
City/State and Zip Code) a i N i N 50 n @ art z 4-life. Dzg E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie Rouse at 727 481-809/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \)

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

changes to

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JaiRock Enterprises, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on February 05, 2016	and assigned
Florida document number L16000025381		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS)	1751 Kings Highway,	
	Clearwater, Florida 33755	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	PO:Box 2101	
	New Port News, Virginia 23609	7
B. If amending the registered agent and/or registered of	fice address on our records, enter	The name of the ne
registered agent and/or the new registered office address here	!	SEE AN
Name of New Registered Agent:		F = 1.
New Registered Office Address:		Ridi
-	Enter Florida street address	
	, Florida	
The state of the s	Clty	Zip 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

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

Title	Name	Address	Type of Action
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the re	cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on th	ie earl	ier of:
Dated	October 17 2016			
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Typed or printed name of signee

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