## L16000025745

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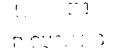
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## **COVER LETTER**

	Registration Sec Division of Corp		•				
ar cuo mo	JCYLE LLC						
SUBJEC	.1:	Name of Limit	led Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Please re	turn all correspon	ndence concerning this matter t	o the following:				
		JOSHUA CYLE LONDON					
			Name of Person				
		A CYLE LLC					
			Firm/Company				
		814 BAY CLIFFS RD.					
			Address				
		GULF BREEZE, FL 32561		_			
			City/State and Zip Code				
		CYLELONDON16@GMAI E-mail address: (t	L.COM o be used for future annual report notifi	cation)	. 19	- 	
For furth	er information co	oncerning this matter, please ca	II:		굨	.`z	
JOSHUA	A CYLE LONDO		850 723-0178 at ()		  	· <u>.</u> .	
	Name of	Person	Area Code Daytime	Telephone Number	54 B: 45		
Enclosed	is a check for the	e following amount:			ਹੈ।		
\$25.0	00 Biling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end		Ű,	

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

J CYLE LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number £1600025745	and assigned		
This amendment is submitted to amend the following:		"LLC" or the abbreviation "L.L.C."	
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		0 15	
		07 (d) (d) (d)	
Enter new mailing address, if applicable:		<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)	bowing:  If the limited liability company here:  From the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  BOX)  For registered office address on our records, enter the name of the new frice address here:  Enter Florida street address  Florida  City  Zip Code		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ter the name of the new	
	Florida		
<del></del>			
New Registered Agent's Signature, if changing Registered Agent:			
	performance of my duties, and I a rovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZACHARY MATHEWS	2818 SANDY RIDGE RD. GULF BREEZE, FL 32561	□ Add
			■ Remove
			Change
AMBR	COLLIN HIGHTOWER	1323 BAYSHORE TERRACE GULF BREEZE FL, 32563	■ Add
			☐ Remove
			Change
			☐ Remove
			Change
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			☐ Remove
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Effecti	ve date, if other	than the date	of filing:			(optional	)	<b>03</b> 0
(If an effe Note:	ective date is listed, the list inserted ent's effective date	ne date must be sp in this block d	secific and cannot oes not meet th	e applicable stat	f filing or more tha attory filing requ	n 90 days after fring irements, this dat	e will not be listed	d a:
the rec ) The	ord specifies a 90th day after	delayed effe the record i	ective date, is filed.	but not an el	fective time,	at 12:01 a.m	on the earlie	er c
Dated	CHOCK!		2	019				
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Typed or printed name of signee

Filing Fee: \$25.00