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COVER LETTER

TO: Registration Se Division of Co				
	ber Station LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person		
		Firm/Company	<u></u>	
	_onlando, FI 8	2804	-	2.3
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: False Person Byfalo Amario Bonos, LLC Firm/Company 3017 Edgewater or Address City/State and Zip Code Def Galocompi Honbachers @ Gomin. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eliana Echapacia at (4CT		651		
For further information of	oncerning this matter, please co	all:	.	
	•			> ; = :
Name o	i reison	Area Code Daytime	: Telephone Number	S
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Certified Copy	Status & y
	ING ADDRESS:	STREET/COURII Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay St. Barber Station LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on Marc	ch 4, 2016	and assigned
Florida document number L16000045989	•			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabi	ility company her	e :	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		5017 Edger	uoter ar	
(Principal office address MUST BE A STREET ADDRESS)		_0C180de.F	1 32804	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and	or registered of		our records, enter t	he name of the nev
registered agent and/or the new registered o	ffice address here	2:	•	-
Name of New Registered Agent:	Edward Gonzald	ez.	·	<u></u>
New Registered Office Address:	3017 Edg	<u>Euroter (K.</u> Enter Florid	a street address	
	_0/\ands		, Florida <u>32</u>	.504 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan Colon	1577 Compass Court	
		Kissimmee, Fl 34744	Remove
			Change
MGR	Edward Gonzalez	3017 Edgewaher dr	= Add
		Orlando, Fl 32804	Remove
			□ Change
MGR	Eliana Echavarria	3017 Edgewater or	BAdd
		Criando, F1 32804	☐ Remove
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Filing Fee: \$25.00