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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J and Rothschild 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:
Scott Tematorte Name of Person
Jand Rothschild LLC Firm/Company
1310 NE 3rd Ave
Dolog beach FL 3344 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Company (Company Company Comp
For further information concerning this matter, please call:
John Cortese at (20) 783-5419 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (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

	N.				
I and R	Othsc	hild L	<u> </u>		
(Name of the Limit	(A Florida Limited	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 6	23/2016	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the week the new principal offices address, if applications is a few and the second of the se	able:	lity Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>				_
Enter new mailing address, if applicable:			C And	16 AUG	— — ;
(Mailing address MAY BE A POST OFFICE BOX)			\$ 55. \$ 55. \$ 55.	23	*
B. If amending the registered agent and/	/ 			P [7]	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	mce address on our <u>e</u> :	records, enter the	name of the	<u>e new</u>
Name of New Registered Agent:	Tust	in Dever			
New Registered Office Address:	23395	Enter Florida str	eet address	41-42	08
	Boca	Raton	, Florida <u>33</u>	3428 Iip Code	<u></u>

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** MGR Justin Dever 23395 Carol Lood In WAdd Apt 4208, Boca Raton, Flo Remove 33428 □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove □: Change _r\\ _D'Add∵ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00