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| (Re                                   | questor's Name)   |             |
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| PICK-UP                               | ☐ WAIT            | MAIL        |
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| Certified Copies                      | _ Certificates    | s of Status |
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TALL ANASSEE FLORIDA SECRETARY OF STATE SECR

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#### **COVER LETTER**

| TO: Registration Secti<br>Division of Corpo |   |   |                         |                             |     |
|---|---|---|-------------------------|-----------------------------|-----|
| SUBJECT: JEN                                | DRAHAN R<br>Name of Lim                         | EAL ESTATE, LU<br>nited Liability Company                         | 1                       |                             |     |
| The enclosed Articles of An                 | nendment and fee(s) are sub                     | omitted for filing.   |                         |                             |     |
| Please return all correspond                | ence concerning this matter                     | to the following:   |                         |                             |     |
|   | JENNIFE   | Name of Person  |                         |                             |     |
|   | TEN DRAWA                                       | U REAL ESTATE, US<br>Firm/Company                                 | <u> </u>                |                             |     |
|   | 200 CHESTU                                      | 00 0  |                         |                             |     |
|   | NOYAL PALM                                      | OEACN, FL 3341, City/State and Zip Code                           | /                       | 6 SEP                       | FIL |
|   | JENDRAHA<br>E-mail address: (                   | NOGMAIL, COM<br>to be used for future annual report notific       | ation)                  | -<br>SSEE                   |     |
| For further information cond                |   | •   | ,                       | PN 1:5<br>F STATE<br>FLORID |     |
| JENNIFOL<br>Name of Po                      | DRAHAN  | at (281) 851-72<br>Area Code Daytime T                            | 248<br>Telephone Number | <u> </u>                    |     |
| Enclosed is a check for the f               | following amount:                               |   |                         |                             |     |
| □ \$25.00 Filing Fee                        | □ \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (             | of Status &                 |     |

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

| JEN DICAMAN  | MEAL ESTATE, C  |   |
|--|---|---|
| (Name of the Limited I   | Liability Company as it now appears on Florida Limited Liability Company) | our recorus.)                             |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L160011812</u> |   | NE 20, 2016 and assigned                  |
| Provida document number 27453077472  | <u>'_/</u> .  |   |
| This amendment is submitted to amend the following   | ng:   |   |
| A. If amending name, enter the new name of th  | e limited liability company here:   |   |
| JENNIFER   | DRAHAN, LLC   |   |
| The new name must be distinguishable and contain the word  | s "Limited Liability Company," the design                                 | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl  | e:  |   |
| (Principal office address MUST BE A STREET A   | ADDRESS)  |   |
|  |   |   |
|  |   |   |
| Enter new mailing address, if applicable:  |   | <u> </u>                                  |
| (Mailing address MAY BE A POST OFFICE BO   | <u></u>   |   |
|  |   |   |
|  |   |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office     |   | r records, enter the name of the new      |
|  | <del></del>   | <b>25</b> 75                              |
| Name of New Registered Agent:  |   | <u></u>                                   |
|  |   |   |
| New Registered Office Address:   | Enter Florida   | street address                            |
|  |   | , Florida                                 |
| -  | City  | 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 = M $AMBR = A$ | lanager<br>authorized Member |             |                    |
|--------------------|------------------------------|-------------|--------------------|
| <u>Title</u>       | <u>Name</u>                  | Address     | Type of Action     |
|                    |                              |             | □ Add              |
|                    |                              |             | □ Remove           |
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| an effecti<br><b>ote:</b> If 1 | date, if other to the date is listed, the date inserted it's effective date | date must be spe<br>in this block do | cific and car<br>es not mee | inot be prior to the the application in the applica | to date of filing | or more than 90   | <b>(optiona</b> l<br>days after filin<br>ents, this dat | l)<br>g.) Pursuant to 605.<br>e will not be liste |
| : recor<br>The 90              | rd specifies a o<br>Oth day after t   | delayed effect<br>the record is      | ctive date<br>filed.        | e, but not   | an effecti        | ve time, at :     | 12:01 a.m   | . on the earlie                                   |
| ated                           | AUGUST  | 30                                   | , _                         | 2016   | -i /              |                   |   |   |
|                                |   | 100                                  | 6-                          | (/ %   | //le              |                   |   |   |
|                                |   | 11. Clean                            |                             |  |                   | ative of a member |   |   |

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Filing Fee: \$25.00