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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	JRL FINANCE LLC
00001	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	RANDY LUTITER Name of Person
	TRIFINANCE LLC
	371 NANDIMAND ST SW Address
	PALM BAY FLUMDA 32908 City/State and Zip Code JRL FINANCE 2 @ YAH DO, COM Femal address: (to be used for future annual report notification)
For furt	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:
	RAWRY LICTHEN at (321) (224 - 0121 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
图 \$ 25	5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$ \$\Bigcup \\$55.00 Filing Fee & Certificate of Status & Certified Copy (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

JRL.	Finance	LLC
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>しんらのり3476</u> フ	nany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		:
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11 E E D
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	C:	_, 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 aiffending 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	PALMA LUTHER	Address 371 DANDLINANDSTSW PALM BAY FL 32005	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
		 	☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			🗆 Remove
			Change
			🗖 Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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l'an eff <u>Note:</u>	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
ated	8/5, 2019
	Signature of a member or authorized representative of a member RANI Y LYTHEIR
	PA I

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Filing Fee: \$25.00