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SULARDARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Cos				
JR Partners SUBJECT:	s, 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:		
	Joanna Richards			
•		Name of Person	<del></del>	
	JR Partners, LLC			
		Firm/Company	<u> </u>	
	4234 Forest Park Road			
		Address		
	Jacksonville, FL 32210			
		City/State and Zip Code	ward	
	joannarichards@comcast.ne		17 -	) }
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notificatio	FEB -8	) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Joanna Richards		904 387-5822 at ( )	مير لننه	۲۲ ۲۰
Name o	of Person	Area Code Daytime Tele	phone Number 2 P P P P P P P P P P P P P P P P P P	POR MITTER
Enclosed is a check for t	he following amount:			•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

JR Partners, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 8-4-16	and assigned
Florida document number L16000148654	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
JR Coaching Partners, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Na	77
(Principal office address MUST BE A STREET ADDR	ESS)	8 FEE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	AMIL: SA
B. If amending the registered agent and/or registered agent and/or the new registered office add	- ·	enter the name of the nev
Name of New Registered Agent:	n   a	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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 = Manager

	Authorized Member		The Andrea
<u>Title</u>	<u>Name</u>	Address	Type of Action
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·	Signature	e of a member or a	uthorized represe	hud-	or er	<u></u>

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Filing Fee: \$25.00