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JAN 1 7 2017 S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FUORIDA

COVER LETTER

TO: Registration Section of Corp.				
SUBJECT: JVM_	Frucking LL Name of Limi	ited Liability Company		
The enclosed Articles of A	• mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	<u>Larel</u> L	lorales. Name of Person		
	HUL	Firm/Company		
	730 spiewoo	Address		·
	Lakelans	Fl 3380/ City/State and Zip Code		T JAN 13
	•	o be used for future annual report notifi	ication)	-0 mg
For further information cor	ncerning this matter, please ca	dl:		FI. OR. 0;
KARE! Name of I	Person Person	at (<u>003</u>) <u>899-983</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the	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 Stat Certified Copy (additional copy is end	tus &

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

TO . ARTICLES OF ORGANIZATION OF

Name of the Limited Lia (A Flo	ibility Chmpany as it now appears on our records.) orida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabilit Florida document number		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 " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		
Enter new mailing address, if applicable:		TO JAN
(Mailing address MAY BE A POST OFFICE BOX)		3 5 TO
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street address	
· 	, Floric	da 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDWARD RIVERA	1234 Reynolds Rd Lakeland F/	Add
		95801	Remove
			☐ Change
			□ Remove
			Change
			SECRET JAN
	•		LAHOUSE TO A CORE TO A COR
	•		
			Cognige FLORIDA
			Remove
•			Change
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(If an el Note:	tive date; if other than the date of filing: 0//0/> (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	.0207 (3)(b) ed as the
	•	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies a 90th day after the record is filed.	er of:
Dated	1 <u>01/10/1</u>	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00