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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| TO: | Registration Se- Division of Cor | | | |
|----------|-------------------------------------|---|---|--|
| \$150 FE | LIL JAN | MMERZ, LLC | | |
| 3015.71 | | | ited Liability Company | |
| The end | closed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | JEFFREY S. STEINER | | |
| | | | Name of Person | |
| | | JEFFREY S. STEINER, C | PA, PA | |
| | | | Firm/Company | |
| | | 2201 NW 30 PLACE, SUF | TE A | |
| | | | Address | |
| | | POMPANO BEACH, FL 3 | 33069 | |
| | | | City/State and Zip Code | · |
| | | JEFF@JSTEINERCPA.CO | | |
| | | | o be used for future annual report notific | cation) |
| For furt | her information co | meerning this matter, please ca | dl: | |
| JEFFR | EY S. STEINER | | 954 969-8786 at () Daytime | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for the | e 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

| . LIL JAMMERZ. LLC | | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida l | Company as it now appears on our records.) Limited Etability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on03/07/2017 | and assigned |
| Florida document number <u>L17000053347</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| LIL' JAMMERZ, LLC | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | NO CHANGE | |
| Principal office address MUST BE A STREET ADDRE | ESS) | <u> </u> |
| | - | |
| Enter new mailing address, if applicable: | NO CHANGE | 17 JUL 24 PH 4: 06 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | 4:0 6 |
| B. If amending the registered agent and/or registoregistered agent and/or the new registered office address. | | |
| Name of New Registered Agent: NO CH | IANGE | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | 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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ctive date, if other than | the date of filing: | | (optio | nai) |
| : If the date inserted in th | must be specific and cannot be pri is block does not meet the app | licable statutory fili | ig requirements, this | date will not be listed. |
| ment's effective date on th | ne Department of State's record | ds. | | |
| ecord specifies a dela | yed effective date, but r | not an effective | time, at 12:01 a | .m. on the earlier |
| e 90th day after the | | | | |
| d July 17 | 2017 2017 | | | |
| a way 11, | 2017 . 2017 | · | | |
| | | | | |
| | Signature of a member or au | thorized representation | col a member | |

Page 3 of 3

Filing Fee: \$25.00