17000072975

(D	equestor's Name)
(1)	equestor s warne)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	susiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



400304130544

19/1\$/17--01028--020 ++25.00

FILED 2011 OF 10 P 2: 24 21 COT 10 P 2: 24

D. SCOTT 0CT 1 1 2017

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	JAUS PLAN Name of Lim	DE L. L. C.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joya Yaus 9550	E ELLE Name of Person PACE UC Firm/Company 2 South TOA Address	CE PD.
	TELLES:	City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod	ation) –
For further information o	concerning this matter, please co	all:	
DUCE Name of	ELLE of Person	at (850) LOQU Area Code Daytime T	- 8884 5 elephone Number
Enclosed is a check for the	he following amount:		211
S25.00 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)
MAIL	ING ADDRESS:	STREET/COURIEI	RADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on March 31, 2017 and assigned Florida document number <u>L170000729.75</u>
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 Liability 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) (No. 1) TON FL. 30583
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Q 552 S. TRACE RO. MILTON, FL 32583
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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

If Changing Registered Agent, Signature of New Registered Agent

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 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	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JERRY JORDAN	9552 S. TRACE DI	Add
	J	MILTON, FL 32583	Remove
		32583	Change
		-	☐ Remove
			Change
			Remove
		<u> </u>	Change
			Add
			Remove
			Change
			AddJ
			Remove
			Change
			☐ Remove
			Change

D. If an	mending any other information, enter change(s) here: (Attach additional she	ets, if neces.	sary.)	
•		·		
				
				
				
				
		i		
		1		-
		<u></u>		
			<u> </u>	
		<u> </u>	- 3	noraction (
E. Effec	ctive date, if other than the date of filing:	(option	. ⊃ al) ∵	
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 If the date inserted in this block does not meet the applicable statutory filing requirer ament's effective date on the Department of State's records.	days after fil nents, this d	ate will no	nt to 605.0207 (t be listed as t
doca	anette s crective date on the Department of State's records.	7	<u>2</u> ь	
If the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at see 90th day after the record is filed.	12:01 a.r	n. on the	e earlier of:
Date	DCrober 5. 2017.			
	Signature of a member of authorized representative of a member	· ·		
	Typed or printed name of signee	<u> </u>		
	1 yped or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00