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COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|-------------------------------|--|---|---|--|
| JFC II Hole | | | 19 | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspo | indence concerning this matter t | to the following: | | |
| | John F. Cooney, Jr. | | | |
| | | Name of Person | | |
| | Slope Trail Holdings | | | |
| | | Firm/Company | | |
| | 495 North Lake Way | | | |
| | | Address | | |
| | Palm Beach, FL 33480 | | | |
| | | City/State and Zip Code | | |
| | cooncyjf2@gmail.com | o be used for future annual report no | are and an | |
| For further information e | oncerning this matter, please ca | • | uncanon | |
| Jack Cooney | , | 303 517-4484 | | |
| | f Person | | me Telephone Number | |
| Name o | i Person | Area Code - Daytu | me Felephone Number | |
| Enclosed is a check for th | ne 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 Addres Registration S | | Street Address: Registration S | ection | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 632 | | The Centre of | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF | | | | |
|--|---|--|--|--|
| ARTICLES OF C | O DRGANIZATION OF In any as it now appears on our records.) Liability Company) were filed on 04/11/2017 and assigned | | | |
| JFC II Holdings, LLC | | | | |
| (Name of the Limited Liability Compa (A Florida Emited) | inv as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/11/2017 and assigned | | | |
| Florida document number 1.17000081322 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited liah</u> | nility company here. | | | |
| and a substitution of the name | may company nere. | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 495 North Lake Way | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Palm Beach, FL 33480 | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | 495 North Lake Way | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Palm Beach, FL 33480 | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: | address on our records, enter the name of the new registered | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | 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 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 |
|--------------|---------------------|----------------------|----------------|
| AMBR | John F. Cooney, Jr. | 495 North Lake Way | |
| | | Palm Beach, FL 33480 | □Remove |
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| ffective date, if other than th | e date of filing: | | | _ (optional) | |
| an effective date is listed, the date modern: If the date inserted in this b | ist be specific and cannot llock does not meet t | ot be prior to date of he applicable stati | filing or more than 90 d story filing requireme | ays after filing.) Pursuant to nts, this date will not be | 605.0207 (listed as t |
| ocument's effective date on the l | Department of State's | s records. | | | |
| | | | | | |
| record specifies a delayed effecti d is filed. | ve date, but not an ef | fective time, at 11 | 2:01 a.m. on the earlie | er of: (b) The 90th day: | after the |
| i is med. | | | | | |
| December 5 | 20 | 19 | | | |
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Filing Fee: \$25.00

Typed or printed name of signee