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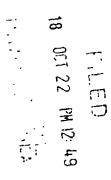
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COVER LETTER

TO: Registration S Division of Co			
JONES DI	X LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SHAVONNE JONES DIX		
	VONJAE ORGANIZATIO	Name of Person ON LLC	
	11046 COPPER HILL DR	Firm/Company	
	JACKSONVILLE, FL. 32.	Address 218	·····
	VONJAEENTERPRISE@G		
For further information of	e-mail address: (to be used for future annual report notiful:	ncanon)
SHAVONNE JONES		904 885-5699 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
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

ONES DIX LLC	ony as it now annears on our records)	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 117000117340	were filed on 05/26/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	_
VONJAE ORGANIZATION LLC		- -
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11046 COPPER HILL DR	22 12
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32218	P
		<u>ن</u>
		50
Enter new mailing address, if applicable:	P.O. BOX 43627	
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32203	
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Floric	
	Cîry	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>	<u>Address</u>	Type of Action
MGR	SHAVONNE JONES	11046 COPPER HILL DR., JACKSONVILLE, FL 32218	
<u> </u>		SHAVONNE J DIX	
			П Remove
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			☐ Remove
			ST Charge
•			Change
			Add GRemove
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ective date, if other than the d	ate of filing:	(optional) more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this bloo	se specific and cannot be prior to date of filing or reck does not meet the applicable statutory file.	more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
ument's effective date on the Dep		
record specifies a delayed	effective date, but not an effective	time, at 12:01 a.m. on the earlier
he 90th day after the reco	d is filed.	
OCTORED 17	2010	
OCTOBER 17	, 2018	
$Q \cap \Lambda$.	<i>}</i>	
Shavn	fatores	
Shaven	isostire of a member or authorized representativ	e of a member

Page 3 of 3

Filing Fee: \$25.00