117000155006

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K SALY JUL 28 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EJETS L	1-C.			
3000LC1	Name of Limited Liab	oility Company		
The enclosed Articles of Amendment	and fee(s) are submitted f	or filing.		
Please return all correspondence conc	eerning this matter to the fo	ollowing:		
	BRUCE	2 LAISh/eu/ Jame of Person		_
	<u>EJE</u>	irn/Company		_
	1205 E	LIZAS: HS St., Address	Surte El	_
	Punt	A CORUM, A	EL 33950	_
	<i>DRUCE</i> E-mail address: (to be use		LEY. Com	
For further information concerning th	is matter, please call:			
BRUCE L	Alshley	at (<u>941</u>)	205-1400 Daytime Telephone Numbe	
Name of Person	,	Area Code D	Paytime Telephone Numbe	r
Enclosed is a check for the following	amount:	1		
	ficate of Status (55.00 Filing Fee & Certified Copy additional copy is enclosed	n Certified	ate of Status &
MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	n ations	Registration : Division of C Clifton Build	Corporations ling ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 24 PM 2:22
TALLAHASSEE, FLORID,

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 07/20/20/7 and assigned

The Articles of Organization for this Limited Liability C	ompany were filed onand assigned
Florida document number <u>L/7000155006</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
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

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
(Y)(oR	DAUD H. TURKEL	17651 C	YDRESS CREEK Rd WAdd
			□ Remove
			Change
			□ Add
			Change Change Refnove Change Change
			Change Add
			Change
			□ Remove
			□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

lf amen	ding any other information, enter change(s) here: (Atta	ach additional sheets, if necessary.)
	·	
		21 21 21
		500
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		7
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		-
	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant to 605 0207.
Note: If	the date inserted in this block does not meet the applicable sta	
10cumen	t's effective date on the Department of State's records.	
a roco	rd specifies a delayed effective date, but not an e	ffeetive time at 12,01 a.m. on the cardiar of
	rd specifies a delayed effective date, but not an e Oth day after the record is filed.	Trective time, at 12:01 a.m. on the earner of
Dated	/ Julis 21 1.0817.	
	97/1)	
	- Bener Fterhley	
	Signature of a member or authorized re	presentative of a member
	Signature of a member or authorized re BRUCE 1915 h /e J Typed or printed name	
	Typed or printed name	of signee
	Page 3 of 3	

Filing Fee: \$25.00