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	(Requestor's Name)	
·	(Address)	
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	(City/State/Zip/Phone #)	
☐ SICK-∩	⊃ (FI) WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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R. WHITE JAN 20 2021



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Jet Se Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jim W:	Name of Person The Lactor Firm/Company	
	Tet Se	Firm/Company	
	2700 11	de launee Blvo Address	1 # 301
	Toulla hass	City/State and Zip Code City/State and Zip Code City/State and Zip Code Cod	Sication)
For further information of	concerning this matter, please of	ſ	
Tiph No.	of Person	at (850) 443 Area Code Daytime	7.4363 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	88 <u>:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jer Set	11 220	71 1" h: 10
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab		
nter new principal offices address, if applicable:	Tallahas sec, A	10 2 301
Principal office address MUST BE A STREET ADDRESS)	Tallahas sec, H	34300
		
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX		
idding duaress MAT BE A FOST OF FICE BOAT	-	
		<u>-</u>
. If amending the registered agent and/or registered office	address on our records, enter the name	of the new regist
ent and/or the new registered office address here:		
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>	<u>Address</u>	Type of Action
AMBR	John Kenny		□ Add
		· 	ERemove
_	119		□Change
AMBR	James Nilog	2700 Welauree # 501 Tallahusse, H. 3750	2 IAdd
	<u>.</u>	Tallahasse, H. STED	Remove
			Denange
<u>S</u>	Mary Hitchcook	2100 Melannee Blod #. Tallahissen fl. 57.36	Add Add
	/	Tallahussen, f1. 57.38	□Remove
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Filing Fee: \$25.00