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SCORETARY OF STATE CORPORATIONS

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COVER LETTER

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SUBJECT:		DLDINGS, LLC		,		
SUBJECT.			ited Liability Company	· · ·		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Alex Jozefyk III				
	Name of Person					
		JAZCO HOLDINGS, LLC				
			Firm/Company			
	11211 Prosperity Farms Road, Suite D-325					
		 	Address			
		Palm Beach Gardens, FL 3	3410			
			City/State and Zip Code			
		alex.jozefyk@iahe.com				
		E-mail address: (to be used for future annual report no	ntification)		
For further in	nformation c	oncerning this matter, please c	all:			
Alex Jozefy	k III		561 252-8913			
	Name o	f Person	at () Area Code Dayt	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 1	Filing Fee	S30.00 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)		
	iling Addres		Street Address: Registration S	Section		
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAZCO HOLDINGS, LLC

(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 08/04/2017 ____ and assigned Florida document number L17000166612 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 __, Florida ____

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 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	Zachary C Meece	1319 13th Court	□Add
		Palm Beach Gardens, FL 33410	■Remove
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in affactive date is listed, the date t	nust be specific and a	cannot be prior to	date of filing or me	ore than 90 days aff	er filing.) Pursuant	то 605.0207
ote: If the date inserted in this ocument's effective date on the	block does not m	eet the applicab	le statutory filing	g requirements, t	his date will not	be listed as
ocument's effective date on the	: Department of 3t	iate s records.				
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record specifies a delayed effec	rtive date, but not	an effective tim	e, at 12:01 a.m. o	on the eartier of:	(b) The 90th di	iy aiter ine
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		2022				
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ated August 19						
				of a member		_

Filing Fee: \$25.00