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COVER LETTER

Division of Corporations
SUBJECT:
Name of Emined Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenna A. Bell
JBell, LLC Firm/Company
111 9th Ave N
St. Petersburg, FL 33701 City/State and Zip Code Jennabellrd D gmail. Com
Jennabellrod a quail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tenna A. Bell at (614) 769-4870 Name of Person at (614) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied 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

(Name of the Limited Liability (A Florida L	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	• •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the new
Name of New Registered Agent:	ASS G
New Registered Office Address:	Enter Florida street address
	City , Florida 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

Title	Name	Address	Type of Action
MGR	Jenna Bell	111 9th treNSt. Peters	Mad 3370
			□ Remove
			Change
			🗆 Add
			Remove
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