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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elialy Name)
(Document Number)
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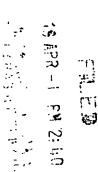


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## **COVER LETTER**

TO:				
SUB U				
SUBJE	ECT:	Name of Lim	ited Liability Company	
			<del>-</del>	•
ricasc	return an correspon	LOGAN HENDERSON	to the following.	
Division of Corporations  PHENOM PROPERTIES LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LOGAN HENDERSON    Name of Person	<del>-</del>			
		4849 RED EGRET DR	Firm/Company	
		JACKSONVILLE, FL 322		
For furt		PHENOMPROPERTIESLL	•	
For fur	ther information co			ication)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	904 762-6645	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

PHENOM PROPERTIES LLC		
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited I	Liability Comp	pany were filed on OCTOBER 24, 2017 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited	liability company here:
JSA ENERGY SAVINGS PROGRAM LLC		
he new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	NOT APPLICABLE- REMAINS THE SAME
Principal office address MUST BE A STRE	ET ADDRESS	<u>(S)</u>
Enter new mailing address, if applicable:		
		NOT APPLICABLE- REMAINS THE SAME -
Mailing address MAY BE A POST OFFICE	E BOX)	
		2:
		j
3. If amending the registered agent and egistered agent and/or the new registered of		ed office address on our records, <u>enter the name of thesis here:</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
		Enter Florida street address
	N/A	Florida N/A
		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
	LOGAN HENDERSON	4849 RED EGRET DR	
AMBR			
		JACKSONVILLE, FL 32257 US	
			Remove
			Change
	MALIKA HENDERSON	4849 RED EGRET DR	
AMBR			□ Add
	<del></del>	JACKSONVILLE, FL 32257 US	
			□ Remove
		<del></del>	LI KEMOVE
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(If an effective Note: I	f the date inserted in this bl	st be specific and cannot be prior	to date of filing or more than stable statutory filing require	(optional) O days after filing.) Pursuant to 605.02 ements, this date will not be listed	
	ord specifies a delayed 90th day after the rec		ot an effective time, a	t 12:01 a.m. on the earlier	of:
Dated N	MARCH 28	2019	. 1 1		
-		17 4	7/_ //		
		Signature of a member or auth	orized representative of a men	nber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00