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COVER LETTER

	tion Section of Corpor					
	LSSON E	NTERPRISE MANAGERS	S, LLC			
SUBJECT: Name of Limited Liability Company						
The enclosed Artic	cles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all co	orresponde	nce concerning this matter	to the following:			
		DAVID W. SOUTHWELI	L			
			Name of Per	son		
		TRUST ADVISORS COR	RPORATION			
			Firm/Compa	iny		
		5781-B NW 151 STREET	781-B NW 151 STREET			
			Address			
		MIAMI LAKES, FL 3301	14			
			City/State and Zi	p Code		
	_	AGENT@TRUSTADVISC				
For further inform	ation conc	E-mail address: (erning this matter, please co	to be used for future all:	annuai report not	irication)	
DAVID W. SOU	THWELL		305 at (822-8161		
	Name of Pe	rson	Area Co	de Daytim	e Telepho	one Number
Enclosed is a chec	k for the fo	ollowing amount:				
≡ \$25.00 Filing	Fee [□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional co			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registr:	Address: ation Sec	tion		treet Address: egistration Se	ction	
Division	n of Corp		D	ivision of Co	rporatio	
P.O. Bo		22214		he Centre of T 415 N. Monro		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T	0			
ARTICLES OF C	ORGANIZATION OF			
JOELSSON ENTERPRISE MANAGERS, LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000240952</u> . This amendment is submitted to amend the following:		and assigned		
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1451 OCEAN DRIVE, SUITE 204			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1451 OCEAN DRIVE, SUITE 20 MIAMI BEACH, FL 33139	4		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Floric	da		
	City , FIOTO	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 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
			□Add
			□ Remove
			□ Change
		•	□Add
			□ Remove
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ective date, if other	r than the date of filing: (optional)
reffective date is listed.	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 and in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	te on the Department of State's records.
cord specifies a delay	ved effective-date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ADDU 12	(/ 6020)
ted	2020
	1 /// 4 0 0
<u></u>	Signature of a member or authorized representative of a member
	organical of a memory of administrate representative of a memor
DAVID W. S	SOUTHWELL
	Typed or printed name of signee

Filing Fee: \$25.00