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Special Instructions to	Filing Officer:	





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INLLAHACT LATER TO

COVER LETTER

TO: Registration Division of Co			
cubicor.	JCR Nau-	tical LIC	
SUBJECT:	Name of Lim	tical LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	James	Colton Reso	
	JCR N	autical LLC	·
	5666	SE Windsong L/	J
	Stuar	City/State and Zip Code ON - Cesor Q Vo to be used for future annual report portifications	7
	E-mail address: ()	to be used for future annual report motifi	(NOO.COM
For further information	concerning this matter, please ca	ail:	•
James C	olton Resor	at (704) (007 Area Code Daytime	-7340
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 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)

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

JCR Na	utical	LLC			
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L17000 2480</u>	oility Company we	ere filed on 12	-4-17	and assigne	d
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liabilit	y company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designate	tion "L1.C" or the abbro	eviation "L.L.C."	,
Enter new principal offices address, if applicab	le:				773 243 25-143
(Principal office address MUST BE A STREET)	ADDRESS)	-·· · ·		- 2	<u> c</u>
	-			<u> </u>	
Enter new mailing address, if applicable:	-	- 10000001		<u> </u>	: ات تا د ——
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
	_			<u> </u>	آثار ئ _ا
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter th	ie name of t	he new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:		Enter Florida str	and address		
		e,nier r iorida sir			
		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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	James Cotton Resor	5666 SE Windsong 1 Sturt, FC, 34997	MAdd
		Sturt, FC, 34997	□ Remove
			Change
		 	
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The only information that needs to be Changed is my name (James Cotton Resor) added as the manager. Thanks, Clarificative date, if other than the date of filing: (aptional) (iffective 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 605.02 is 17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a meent's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier region of the day after the record is filed. December Eleventh 2017. Signature of a member or authorized representative of a member James C. Resor Typed or printed name of signee		ther information, enter change(s) here: (Attach additional sheets, if necessary.) only information that needs to be
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Signature of a member or authorized representative of a member	ed Dece	mber Eleventh, 2017.
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Filing Fee: \$25.00