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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		WALK IN
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	CERTIFIED COPY	.
X	РНОТОСОРУ	
X	CUS	Good Standing Amendment
\boxtimes	FILING	Amendment
.•	JARS UF CL	LAY HOLDINGS LLC
f•	(CORPORATE NAME AND DO	CUMENT #)
i.	(CORPORATE NAME AND DO	OCUMENT #)
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PECIA NSTRU	L JCTIONS:	
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TO: Registration Section Division of Corpor				
SUBJECT:	Name of Limited	Liability Company	folpings	LLC
The enclosed Articles of Am	endment and fee(s) are submitt	ed for filing.		
Picase return all corresponde	nce concerning this matter to the	e following:		
	•	Name of Person		
	Jans of	Clay Holdin	igs LLC	
	9533 113	STEEN NORTH		
	Seminole Limitlesshom	FLORIDA th/State and Zip Code e IN VEST ONS 6 used for future annual report notification	33772 mall.com	
For further information conce		used for future annual report notificati	ón)	
		at (7)7) 623 Area Code Daytime Tel	ephone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	1 \$30.00 Filing Fee & Certificate of Status	1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Registration	Corporations 27	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	S	

AKTICLES OF OKGANIZATION OF

Name of the Limited	Liability Company	as it now appears on our r bility Company)	NG> LLC
The Articles of Organization for this Limited Liab Florida document number 17000 Z_5	oility Company w		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of t	he limited liabili	y company here:	
			4
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)			部でで
			彩 家 建
	•	·	7 0 0
Enter new mailing address, if applicable:			第6 5
(Mailing address MAY BE A POST OFFICE BO) X)		
(Manning unit of 12711 DELTA TOOK OF TICE DO	<u>~~</u> .		
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		e address on our rec	cords, enter the name of the new
New Registered Office Address:			
		Enter Florida street a	ddress
		, Florida, Zip Code	
•		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the registed company has been notified in writing of this change in the registed in writing of this change in the change in the registed in writing of this change in the change in the register.	and complete pe red agent as pro istered office ad	rformance of my dutie vided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is
	If Changin	g Registered Agent, Signa	ture of New Registered Agent

Page 1 of 3

Title	Name	Address	Type of Action
AMBR	FOTINI C MCGINLEY		
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E. Effec	tive date, if other than the date of filing: (optional) [Tective 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 (3)(b)
(If an c Note:	lifective 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 603.0207 (3)(5). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
(b) The	e 90th day after the record is filed.
	a goth day after the record is filed. April 27 M., 2018 Signature of a member of authorized representative of a member
Dated	April 2 , 2018
	2+=/
	Signature of a member of authorized representative of a member
	as Demonstrates As a management and a management of a strategies of a
	STEPHEN C MCGINLEY Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00