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R. WHITE DEC 07 2019 2015), 1-6 M. 8: 22

COVER LETTER

Division of Co	rporations		,
SUBJECT:	Six JF	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jelev	na Foskey Name of Person	
		Name of Person	
	Six J	Firm/Company	
		Firm/Company	
	3637 Del	Praclo Blvd S	5 # 305
		Address	<u>-</u>
	Cape W	City/State and Zip Code disc @yahoo. us to be used for future annual report notif	
	,	City/State and Zip Code	
	listingpara	dise (Wyahoo. u	DW .
	n-maii address: (to be used for future annual report both	ication)
For further information of	concerning this matter, please co	all:	
Jelena	FOSKEY	at (<u>234</u>) <u>357</u> Area Code Daytime	8969
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO: Registration Section

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

\sim \sim \sim \sim \sim \sim \sim \sim	F LLC 2018 11.1 -6 1.11 8:22
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on 01/08 18 and assigned 05113.
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of INTERNATIONAL Ho The new name must be distinguishable and contain the wo	the limited liability company here: The Network LLC ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/orthe new registered off	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	Jelena Foskey
New Registered Office Address:	3637 Del Prado BIVD S # 305 Enter Florida street address
	Cape Cova . Florida 33904 Zip Coole

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.

f 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>	Address	Type of Action
			Add
			Remove
			Change
			
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			□ Change
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			Remove
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п аџисис —	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an effecti Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	Nov 2nd 2019. Relly
	Signature of a member or authorized representative of a member Jelena Fuskey Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00