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(Re	questor's Name)	
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our mor	JESOLO. I	LC					
SUBJECT	:	Name of Lim	ited Liability Company	,			
The enclos	ed Articles of .	Amendment and fee(s) are sub	initted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Kerry Anne Schultz					
			Name of Person				
		Fountain, Schultz & Associates, PL					
		Firm/Company					
		2045 Fountain Professional Court, Suite A					
			Address				
		Navarre, FL 32566					
		kaschultz@fountainlaw.co	City/State and Zip Code om				
		E-mail address: (to be used for future annual report notific	cation)			
For further	information co	ongerning this matter, please o	all·				
Kerry Ann	ne Schultz		850 939-3535 at ()				
	Name of	Person		Telephone Number			
Enclosed i	s a check for th	e 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

JESOLO, LLC				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>.</u>)		
e Articles of Organization for this Limited Liability Company were filed on 1/17/2018		and assigned		
Florida document number L18000015329	·			
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the lin	nited liability company here:			
		<u> </u>		
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
Principal office address MUST BE A STREET ADD	RESS)	7 7		
		<u> </u>		
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)				
 If amending the registered agent and/or regi egistered agent and/or the new registered office ado 	istered office address on our records, dress here:	enter the name of the n		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	rida		
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Robert Shields	4127 South Four Mile Run Drive, Unit 402	Add
		Arlington, VA 22204	= Add
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			Change
			☐ Remove
		****	Dechange
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Filing Fee: \$25.00