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COVER LETTER

TO:

	ation Section n of Corporations		v.
Ne	ame Change J& B Skyway		•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Joseph DiMisa		
		Name of Person	
		Firm/Company	• ;
	3401 W Lykes Ave		
		Address	;
	Tampa, Florida		
		City/State and Zip Code	
	jdimisa@verizon.net E-mail address: (to be used for future annual report not	dification)
For further infor	mation concerning this matter, please co	all:	
Joseph DiMisa		770 403-8006	
	Name of Person	Area Code Daytir	ne Telephone Number
M	eck for the following amount:		
\$25,00 Filin	g Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address:	Street Address: Registration Se	action
_	tration Section on of Corporations	Division of Co	
	Box 6327 nassee, FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & B Skyway		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L18000022130	npany were filed on 1/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
5895 Trust LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(22)	
Trincipal office datiess most be A STREET HODRE		
		- ;
en		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	Since address on our records, enter th	o name of the new remister
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	c
Name of New Registered Agent:		
New Registered Office Address:		
new Registered Office Address.	Enter Florida street address	
	Flor	ida
	, F10F	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
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an effective	e date is listed, the	e date must be speci	ific and cannot be	prior to date of fil	ing or more than 90	days after filing.)	Pursuant to 605.0207
		in this block does on the Departmer			ry filing requiren	nents, this date v	vill not be listed as
record spe	ecifies a delave	d effective date. h	ut not an effect	tive time, at 12:0	La.m. on the ear	lier of: (b) The	90th day after the
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Filing Fee: \$25.00

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