L18000028/23

| (Requestor's Name) | | | |
|--|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | • | | |
|--|--|--|---|----------------|
| SUBJECT: | Boland Real | Fy LL C | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspondence | indence concerning this matter t | o the following: | | |
| | Jamie | . Boland | / | |
| | | Name of Person | <u> </u> | |
| | JB0/2 | nd leal A | yLC | |
| | 5003S4 | Firm/Company) / Ittl Coz | et | |
| | | Address | | , |
| | Cape Con | City/State and Zip Code | 33914 | |
| | Rumaz 100 | City/State and Zip Code Of Mui/. Of the used for future annual | SM | |
| | • | | report notification) | |
| For further information c | oncerning this matter, please ca | 11: | | |
| Jamie & | Bolend | at (845) | 527 - 562 Daytime Telephone Number | |
| Name 0 | reison | Area Code | Daytime Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is er | Certifical Cosed) Certified | te of Status & |
| | | | | |

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

| JBoland Real+0 | 4 LLC | | | |
|--|-------------------------------|--|------------------------------|-------------|
| (Name of the Limited Liability Compan (A Florida Limited Ed | as it now appeability Company | ars on our records.) | | |
| The Articles of Organization for this Limited Liability Company v | vere filed on _ | 1-31-2018 | and assign | ied |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited liabil</u> | ity company l | <u>here</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the | designation "LLC" or the abb | reviation "L.L.C | 1 55 |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | 738 738 |
| | | | | <u>-}</u> # |
| | | | 7 | ARY ARY |
| Enter new mailing address, if applicable: | | | <u></u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | i- | ESE SE |
| | | | - = = | |
| B. If amending the registered agent and/or registered offire registered agent and/or the new registered office address here: | | on our records, <u>enter t</u> l | he name of | the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| . To Magazine Child Hadisti. | Enter Fi | lorida street address | | |
| | | , Florida | | |
| New Registered Agent's Signature, if changing Registered Agent: | City | | Zip Code | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance o ovided for in | of my duties, and I am fai Chapter 605, F.S. Or, if | miliar with a this docume | nd |

If Changing Registered Agent, Signature of New Registered Agent

| If amending or removed f | Authorized Person(s) authorized to ma | inage, <u>enter the t</u> | tle, name, and address of eacl | person being added |
|--------------------------|---------------------------------------|---------------------------|--------------------------------|--------------------|
| MGR = Ma AMBR = Au | nager thorized Member | | | |
| <u>Title</u> | Name | Address | | Type of Action |
| Mgc | Jamie Boland | 5003S | W17HCOUTH | Q Add |
| | | | | Remove |
| | | | | Change |
| Myr_ | Michila Boland | | | |
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| octive date if | other than the date | of filing: | | (onti | onal) | |
| n effective date is in the control of the date in the | listed, the date must be sp nserted in this block d | pecific and cannot be prictoes not meet the appliment of State's record | icable statutory filling | ore than 90 days after | r filing.) Pursuant to 60 | |
| | fies a delayed effo after the record i | ective date, but n is filed. | ot an effective ti | me, at 12:01 a | a.m. on the earli | ier o |
| ed <u> </u> | <u>5</u> | , <u>2018</u> mii D | Paud | | | |
| | Signs | iture of a member or aut | horized representative | of a member | | |
| | | Typed or prin | ited name of signee | | | |

Page 3 of 3

Filing Fee: \$25.00