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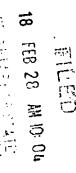
(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Fili	ng Officer:	
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COVER LETTER

TO:

то:		istration Sec sion of Corp				
cuntr		JOLLYFET	TI LLC			
SUBJE	CI:		Name of Limi	ted Liability Company		•
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn	all correspo	ndence concerning this matter	to the following:		
			LIGGIA MANCIA			
				Name of Person		_
				Firm/Company		_
			2901 VIRGINIA STREET	APT 330		
				Address		
			MIAMI, FL 33133			
				City/State and Zip Code		_
			INFO@JOLLYFETTI.COM E-mail address: (1	4 to be used for future annual r	eport notification)	
For furt	her in	formation co	oncerning this matter, please ca			
LIGGI	А МА	NCIA		786 391 at ()	1-5345	
		Name of	Person	Area Code	Daytime Telephone Numb	рег
Enclose	ed is a	check for th	e following amount:			
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certification Ce	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
		Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	Registrati	COURIER ADDRESS: ion Section of Corporations uilding	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOLLYFETTI LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	climited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS) . Sign &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FB 28 M
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the n ldress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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, 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
MGR	ADA GEORGE	2901 VIRGINIA ST APT 330	⊒ Add
		MIAMI, FL 33133	□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
		<u> </u>	☐ Change
	-	All the course of PPRE base 6 is	Add
			Remove
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	<u> </u>		□ Add
			Remove
			☐ Change

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fective date, if other than the dat in effective date is listed, the date must be some. If the date inserted in this block incument's effective date on the Depar	specific and cannot be prior to c does not meet the applicable	late of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.02 s, this date will not be listed
record specifies a delayed ef The 90th day after the record	ective date, but not a is filed.	n effective time, at 12:	01 a.m. on the earlier
	2018		
nted FEBRUARY 27	_		

Page 3 of 3

Filing Fee: \$25.00