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2018 DEC 13 PM 3: 11
SECRETARY OF STATE
TALLAHASSEE JATE

R. WHITE DEC 21 200

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Jon</u>	VINGS PIPELINIA Name of Lim	JG LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Keiri	Name of Person	
		Firm/Company	
	18640_Nu) and Ave unit	693996
	MIaMI,	City/State and Zip Code	
	Keithwin E-mail address: (1 v Noviclo Anient Tear P. Co to be used for future annual report notif	2177 lication)
For further information co	oncerning this matter, please ca		
Keirth T Name o	Person	at (<u>305</u>) <u>345-</u> Area Code Daytime	3893 Telephone Number
Enclosed is a check for th	ne following amount:		
	□ \$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

2018 DEC 13 PM 3: 15 (Name of the Limited Liability Company as it how appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ _ _ _ _ and assigned Florida document number <u>L180000G2835</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Title	Name	Address	Type of Action
MGR	Keitl, Jennings	18640 NW 2 nd AVE, UN.T 6939	<mark>%_</mark> □ Add
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Filing Fee: \$25.00