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COVER LETTER

TO: Registration Division of C			•
SUBJECT:	onem R 1	10	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Jarett Brown	while
	Jonso	S R LLC Firm/Company	
		10 NW Palm	nlake Drive
	Stran	Tity/State and Zip Code	A
	E-mail address: (to be used for future annual report no	ing 22@gmail.com
For further information	concerning this matter, please c	all:	
Bream	SCOH of Person	at (916) 533 Area Code Daytin	- 3047 ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 62	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jonson R LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 11800071930.	were filed on 3/20/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		, . •
Enter new mailing address, if applicable:	6 Leo St.	
Mailing address MAY BE A POST OFFICE BOX)	Patchogue N	1 11772
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
<u> </u>	J Kim Brownic	3412 Skyline Dr.	🗆 Add
		Jensen Beach, FL	Remove
		34957	□Change
24	Jill A Brownic	3412 Skyline Dr.	□Add
		Jensen Beach, FL	i X Remove
		34957	□Change
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			□Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00