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N. CAUSSEAUX AUG 2 0 2018

COVER LETTER

JERMO J SUBJECT:	ONES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MATTHEW MERRIMAN		
		Name of Person	
	JERMO JONES, LLC		
		Firm/Company	
	1250 2ND STREET #106		
		Address	
	SARASOTA, FLORIDA 3	4236	
		City/State and Zip Code	
	DON@CHURCHHOMIES		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
MATTHEW MERRIMAN		941 2236985 at ()	
Name	of Person	Area Code Daytime	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 ADDRESS:

TO:

Registration Section
Division of Corporations

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1,8000082445	were filed on APRIL 02, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1250 2ND STREET #106	3 流
Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FLORIDA 34236	2
		30
Enter new mailing address, if applicable:	1250 2ND STREET #106	至
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FLORIDA 34236	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the
Name of New Registered Agent:	<u></u>	
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	JEREMY JONES	1250 2ND STREET #106	_ Add
		SARASOTA, FLORIDA 34236	Remove
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applica	odate of filing or more than 90 ble statutory filing requirer) days after filing.) Pursuant to 6 nents, this date will not be li	05.0207 sted as
e record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the ear	lier of
AUGUST 3RD	2018			
	Matthe Mar	low		
	Signature of a member or author			

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Typed or printed name of signee

Filing Fee: \$25.00