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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

The enclosed Articles of Amendment	and fee(s) are submitted	I for filing.	
Please return all correspondence cond	perning this matter to the	following:	
Si Si Cle		Name of Person Firm/Company Address /State and Zip Code	S. 76U
The first of the state of the s		sed for future annual report no	tification)
For further information concerning the	S maπer, piease cail:	at (727) 287 Area Code Dayti	7 – 837 me Telephone Number
Enclosed is a check for the following	amount:		
	Filing Fee & Grant 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 Section		STREET/COUR Registration Secti	RIER ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO

ARTIC	CLES OF ORGANIZATION	50000000000000000000000000000000000000
	OF	10 PO
St. JOHA PA	Liability Company as it now appears on our reflected Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab		3/18 and assigned
Florida document number/8000_116	1075	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	·
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
ivalie of New Registered Agent.		·
New Registered Office Address:	Enter Florida street a	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 Type of Action Name Address JEREMY St. JOHN 22/0 H Chealula _□ Remove _□ Change ☐ Remove □ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change

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te: If the contract of the con	date, if other than the date of filing: (optional) reduce is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be list is effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling the day after the record is filed.	ted as the
3u	Signature of a member or authorized representative of a member	2018 SEP 2
,	Jeremy St John Typed or printed name of signee	ART OF SOM
	Page 3 of 3	28 F

Filing Fee: \$25.00