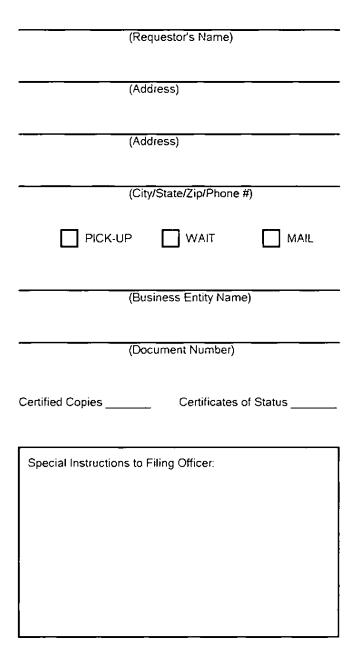
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## **COVER LETTER**

то:	Registration Se Division of Cor				
SHRH	ЕСТ:	JAC	QUELINE LL	BERTO PL	ıc
30901	<u></u>	Name of Lim	QUELINE LU ited Liability Company	, , ,	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			JACQUELINE	LUBERTO	
			Name of Person		
			ACQUEUNE LUX Firm/Company	36R50, (CC	
		<u>:</u>	<b>3</b> 4990 EMERA Address	LD COAST PM	NY SUITE 303
			DESTIN FL 32 City/State and Zip Cod	<u>54)</u>	
			City/State and Zip Cod acqui Luber to to be used for future annu		
For fur	ther information c	oncerning this matter, please co	all:		
	JACQUI	LUBERTO FPERSON	at ( 850 )	830-595	5
	Name of	f Person	Area Code	Daytime Telepho	one Number
Enclos	ed is a check for th	e following amount:			
<b>⊠</b> .\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S			Address: tration Section	
	Division of C	orporations	Divisi	on of Corporation	
	P.O. Box 632 Tallahassee, I			entre of Tallaha: N. Monroe Stree	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tarm Ir. 14	JE LUBERTO, PLLC
(Name of the Limited Liability Compa (A Florida Limited I	
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $\frac{5/9/2018}{}$ 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:
JACQUELINE LUBERT	D LLC
The 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:	34990 EMERALD COAST PRWY
(Principal office address MUST BE A STREET ADDRESS)	JUITE 303
	DESTIN, FL 32541
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	34990 EMERALD COAST PRWY SUITE 303 DESTIN FL 32541
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida City Zip Code
	with LIM CORE

## 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

Title	Name	Address	Type of Action
			☐Add
			□Remove
			Change
			□Add
		<del>.</del>	Remove
		<del></del>	
			□Add
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Note: If the	ne date ir	nserted	han the da date must be in this block on the Depa	does not n	neet the a	applicab	date of filin le statutor	ng or more t y filing re	han 90 da quiremen	(option: ys after fili its, this d	al) ing.) Pursua ate will no	ant to 605.0207 of be listed as
he record sp ord is filed.	ecifies a	delayec	l effective da	ite, but not	an effec	tive time	e, at 12:01	a.m. on th	ne earlier	of: (b)	The 90th	day after the
Dated		JAI	JUARY	13	20	20						
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Filing Fee: \$25.00