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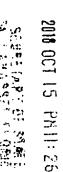
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M. MILLIGAN OCT 20 2018

COVER LETTER

TO:		tration Se on of Cor	ction porations			
CUDIT.		rejay Hol	dings, LLC.			
SUBJE	CI: _		Name of Lim	ited Liability Company		
The enc	losed A	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn a	ll correspo	ndence concerning this matter	to the following:		
			Lisa Jones			
				Name of Person	· · · · · · · · · · · · · · · · · · ·	
			Arejay Holdings, LLC			
				Firm/Company		
708 Centre St.						
	Address					
	Fernandina Beach, Fl 32034					
			arejay550@gmail.com	City/State and Zip Code		
			E-mail address: (to be used for future annual report	notification)	
For furt	her info	ormation c	oncerning this matter, please ca	all:		
Lisa Jo	a Jones 904 556-2047				7	
		Name o	f Person		ytime Telephone Number	
Enclose	ed is a c	heck for th	ne following amount:			
■ \$25	.00 Fili	ng 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)	
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arejay Holdings, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/27/18 Florida document number_L18000157380 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 "LI.C" 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 _, Florida ____ City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Reginald A. Jones	708 Centre St. Fernandina Beach, Fl 32034	_
			···
	1200		Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	te of filing:	tional) or filing.) Pursuant to 605.02 his date will not be listed
e record specifies a delayed ef The 90th day after the record	ffective date, but not an effective time, at 12:01 I is filed.	a.m. on the earlier
ated		
		2018 OCT
	,	, p
Sie	nature of a member or authorized representative of a member	
Sig	nature of a member or authorized representative of a member $\frac{1}{1500}$	00 IS

Page 3 of 3

Filing Fee: \$25.00