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### **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: OCCUPATION OF Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline Reyes
Jac and Don UC Firm Company
18831 S. W. 77 ct
Miomi Fl. 32157  City/State and Zip Code
City/State and Zip Code  Graph City/State and Zip Code  City/State and
For further information concerning this matter, please call:
Sucquelive Reyes at (786) 317-8930 Area Code Daytime Telephone Number
Control Control Control Control
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Jac and Dam 1	_L C					
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liability)	it now appears on our records.) y Company)					
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 18 000 17 38 0.5</u>	filed on $\frac{1}{10/18}$	and assigne	ed			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability of	company here:					
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abb	oreviation "L.L.C."				
Enter new principal offices address, if applicable:			<b>)</b>			
(Principal office address MUST BE A STREET ADDRESS)		₹	: : ::::::::::::::::::::::::::::::::::			
			CR L			
		10 10	AF.			
Enter new mailing address, if applicable:		— And ORF	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)			<u>∓</u>			
		25 <u>5</u>	<del></del>			
B. If amending the registered agent and/or registered office aregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter t</u>	he name of t	(he nev			
	Enter Florida street address					
	, Florida					
	ji).	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided in the control of the cont	ormance of my duties, and I am fa	miliar with an	nd			

If Changing Registered Agent, Signature of New Registered Agent

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>JBF</u>	Jacqueline Reyes	18831 S.W. 77 ct Wiomi F1. 33157	Add
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Filing Fee: \$25.00