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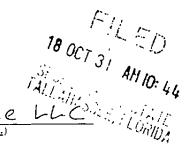
TO: Registration Section Division of Corporations
SUBJECT: Jack Sonville Generator Service LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zachary Cromwell Name of Person
Firm/Company
925 Majestic Cypress Drive North
Jacksonville FL 32233 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zachary Cromwell at (603) 986 9415 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status &

MAILING ADDRESS:

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



A)	Florida Limited Liability Company)	10;
The Articles of Organization for this Limited Liab	ility Company were filed on August 03,2018 and assigned	٠
riorida document manoer <u>E 7 8 00078 G 7 8 3</u>	 .	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	c limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "L.L.C" 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 BC	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter the name of the eaddress here</u> :	nev
Name of New Registered Agent:		_
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.

Citv

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:

NIGR = 'Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Middleburg FL 32068	ØRemove
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