L18000200163

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

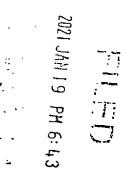
Office Use Only



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S. YOUNG



COVER LETTER

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TO:

| TO: Registration ! Division of Co | | | | | |
|--|---|--|---|--|--|
| Jupiter I, LLC | | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Conner Kempe | | | | |
| Name of Person | | | | | |
| | Joseph C. Kempe, P.A. | | | | |
| Firm/Company | | | | | |
| | 941 N. Highway A1A | | | | |
| | | Address | | | |
| | Jupiter, FL 33477 | | | | |
| | | City/State and Zip Code | _ | | |
| | connerkempe@jckempe. | com to be used for future annual report notifies | ution) | | |
| For further information | concerning this matter, please c | | airon | | |
| Conner Kempe | | 561 7477300 | | | |
| Name of Person | | at () Area Code Daytime T | Celephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) | | |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3 | orations Hahassee Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

707

| Jupiter I, LLC | | -1 |
|--|--|-------------------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our re VFlorida Limited Liability Company) | ecords.) 9 |
| The Articles of Organization for this Limited Lial | bility Company were filed on 8/21/18 | and assigned and |
| Florida document number L180000200163 | · | ပ် |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | - | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u>OX)</u> | |
| | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | nter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | uddress |
| | tine i mind sireet d | tion Con |
| | | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------------|---------------------------|----------------|
| AR | Jeff Titherington | 244 W Riverside Drive | □Add |
| | | Jupiter, FL 33469 | ■Remove |
| | | | Change |
| mgr | jt investment enterprises, LLC | 9120 Double Diamond Pkwy | ■Add |
| | | Reno, NV 89521 | □Remove |
| | | | ☐Change |
| AR | Joe Cieri | 19481 SE County Line Road | |
| | | Tequesta. FL 33469 | □Remove |
| | | • | □ Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | - | □Remove |
| | | | □Change |
| | | - | □Add |
| | | | Remove |
| | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00