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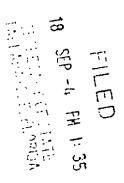
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Jodes Name of Li	Custon Potential Mitted Liability Company	Hery, LLC
The enclosed Articles of Am	endment and fee(s) are su	bmitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
		shua A. Jon	es
		Name of Person	
	Joshua	Aaru Jones, At	torney at Law, LL C
	41 N	Jefferson St.	Stc 107
-		City/State and Zip Code City/State and Zip Code (to be used the future annual report notification)	
For further information conc	9	· ·	
Name of Pe	A Jones	at (450) 607 Area Code Daytime	- 6879 Telephone Number
Enclosed is a check for the f	ollowing 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 (additional copy is enclosed)
MAILING Registratio	G ADDRESS:	STREET/COURIF Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jodie's Custom Pottery (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 August 21, 2018 and assigned Florida document number $\frac{L1}{8000200621}$ 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 "LLC" or the abbreviation "LLC." 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

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
MGR	Nancy Gaylor	4640 Settle Road Molino, FI, 32577	■ Add
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.	August 21, 2018	
Hective date, if other than I an effective date is listed, the date i	ae date of filing:	or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this	block does not meet the applicable statutory	filing requirements, this date will not be listed a
ocument's effective date on the	Department of State's records.	
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e record specifies a delay The 90th day after the r		ve time, at 12:01 a.m. on the earlier o
The sources are the r	30010 13 11100.	
August 22	2018	
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200	Signature of a member or authorized represent	ative of a member

Page 3 of 3

Filing Fee: \$25.00