

| (Ře | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | me) |
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| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: J&J EMPOWSEINER | imited Liability Company |
| The enclosed Articles of Amendment and fee(s) are s | ubmitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Juliana (| Name of Person |
| 585 Empaci | Firm/Company |
| 3212 hunders | Chase box |
| Vissimmie . | City/State and Zip Code |
| Henrower m | City/State and Zip Code ent dist and annual com s: (to be used for future annual report notification) |
| For further information concerning this matter, please | e call: |
| Sulara Girage Name of Person | at (407) 284 - 0107 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| 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

| 525 Engoully M. (Name of the Limites | LA DIS I Liability Compa A Florida Limited I | ny as it now appears on outdability Company) | r records.) | | |
|--|--|--|-----------------------|-------------------|--------------|
| The Articles of Organization for this Limited Lia Florida document number <u>LV\$0002078</u> (| ~ | were filed on $\frac{\$/30}{}$ | 2018 | and assign | ned |
| This amendment is submitted to amend the follow | ving; | | | | |
| A. If amending name, <u>enter the new name of t</u> | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the working the many principal offices address, if applical office address MUST BE A STREET | ble: | lity Company," the designat | on "LLC" or the a | 18 SEP | o viorstato |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>OX</u> 1 | | | 26 AH 9: 55 | HOSANC TATOR |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | | | records, <u>enter</u> | the name of | the new |
| Name of New Registered Agent: | Julian | na Gómez | Labor | wa | |
| New Registered Office Address: | 37.12 | Enter Florida stre | et address | G00/ | |
| | Missin | City. | Florida | 34743 Zip Code | <u>}</u> |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|--|----------------|
| MGR | Joseph A. Wilson Polanco | 3212 hunturs chare 100p | Add |
| | | 3212 huntus chare 100p Viscimina 71 34743 | Remove |
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| f an effe <u>Note:</u> I | re date, if other than the date of filing: 09-21-2018 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will nt's effective date on the Department of State's records. | rsuant to (I not be I | 505.020 isted a |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed. | the ea | rlier d |
| Dated _ | 09-21 2018. | | |
| | - I UIW | | |
| | Signature of a member of authorized representative of a member | | |

Page 3 of 3

Filing Fee: \$25.00