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(Re	questor's Name)	
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SEP 27 P # 38

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COVER LETTER

Division of Cos	rporations				
SUBJECT: Jones	s At Nona LLC				
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Shaman Fo	radi		_	
		Name of Person			
	Jones at Nona LLG				
	Firm/Company			-	
	121 S. Orange Ave, Suite 1250				
		Address			بالم يشد
	Orlando, FL 32801			ME SEP	ا مسر
City/State and Zip Code			2		
	E-mail address: (to be used for future annual report	(notification)	U	C
For further information of	concerning this matter, please co	all:		<u>ب</u> س	
Shaman Foradi		407	270-8866 ext 103	်္∵ု တ	
Name (d Person	at () Area Code D;	aytime Telephone Numbe	т	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	JNG ADDRESS:	STREET/CO Registration S	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iones At Nona LLC (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 9/6/2018 and assigned Florida document number - L18000212252 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	<u>Address</u>	Type of Action
MGR	Shaman Foradi	121 South Orange Ave, Suite 1250	⊠ Add
		Orlando, FL 32801	□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			「大事□ (Thange は ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
			SPD Add
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an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	s block does not meet th	e applicable statuto				
e record specifies a dela The 90th day after the		but not an effec	ttive time, at 1	2:01 a.m. o	n the ea	rlier o
nted 9/24/2018						
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(\		r or authorized repres				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00