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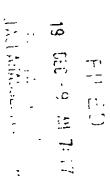
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JAN 1 3 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section

Division of C	Corporations		
CLUB ID CVP	Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing	
		<u>-</u>	
Please return all corre	spondence concerning this matter	to the following:	
	Robert L. McCullar, CPA		
		Name of Person	<del></del>
	McCullar & Company, LL	.C	
		Firm/Company	
	2441 US Hwy 98 W, Ste 1		
		Address	
	Santa Rosa Beach, FL 324		
	RMcCullar@mccullarcpa.c	City/State and Zip Code	
	•	to be used for future annual report no	tification)
For further information	on concerning this matter, please c	all:	
Robert McCullar, CP	'A	850 622-0888	
Nan	ne of Person		me Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	E \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
	f Corporations	Division of Co	
P.O. Box 6	5327	The Centre of	
Tallahasse	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JenLev Enterprises, LLC			3.00
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		ords.)	
The Articles of Organization for this Limited Li Florida document number L18000230891	ability Company	were filed on <u>09/28/2018</u>	and assigned.
This amendment is submitted to amend the following	owing:		j4
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		342 Thompson Drive	
		Santa Rosa Beach, FL 32459	
Enter new mailing address, if applicable:		P.O. Box 2174	
(Mailing address MAY BE A POST OFFICE BOX)		Santa Rosa Beach, FL 324	59
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		ter the name of the new registered
Name of New Registered Agent:	Robert L. McC	Cullar	
New Registered Office Address:	2441 US Hwy	98 W, Ste 108  Enter Florida street add	tress
	Santa Rosa Be	ach	Florida 32459
			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.

Robert McCullar

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	Robert B. McClendon	P.O. Box 2174, Santa Rosa Beach, FL 32459	
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			[ Change
			□Add
			□Remove
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			Change
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fective date, if other than the conception effective date is listed, the date must ote: If the date inserted in this bloomeument's effective date on the Department.	late of filing:	pplicable statutor			
ecord specifies a delayed effective is filed.	date, but not an effect	tive time, at 12:01	l a.m. on the earlier	of: (b) The 90th da	ay after the
	2010				
December 2	2019	·			
nted December 2	2019	·			
Mality S	Signature of a member of	r authorized represe	entative of a member		

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Filing Fee: \$25.00