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## **COVER LETTER**

JOHN-C	GENTRY, LLC					
SUBJECT:	Name of Lim	nited Liability Company		•••		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	STACY SMALL					
	SMITH THOMPSON SHA	Name of Person AW, ET AL.	, <u> </u>			
	Firm/Company 3520 THOMASVILLE ROAD - 4TH FLOOR					
	Address TALLAHASSEE. FL 32309				2019 APR 25	2.
		City/State and Zip Code			PR 25	OBJUH OBEN
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annua	l report notificati	on)	AM 10: 48	ر ر
STACY SMALL		850 8	93-4105			
Name o	f Person	Area Code	Daytime Tel	ephone Number		
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		Certified (	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

JAHN-GENTI	RY, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now apper bility Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on _	10/02/2018	and assigned
Florida document number L18000231939			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			23
			20 9
			第282
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		=======================================	
_	<u>-</u>		13.66
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address o	n our records, ent	er the name of the new
22 - 22 - 22 - 22 - 23 - 24 - 24 - 24 -			
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Flo	orida street address	<del></del>
		, Florida	
	City		Zin 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 Title Type of Action Name <u>Address</u> BRETT BRANTLY MGR 16134 DUCK HUMY DIL Add TAUAH ASSAE, FL 32309 \_\_ Change \_□ Add \_□ Remove \_\_\_\_\_ Change .□ Add Remo APR 25 □ Add Remove: Change □ Add \_□ Remove \_ Change \_\_ 🗆 Add \_ 🗆 Remove

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E. Effectiv	ve date, if other than the date of filing:	(optional)	
Note: I.	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. If the date inserted in this block does not meet the applicable statutory filing requiremeent's effective date on the Department of State's records.	ays after filing.) Pursuant to 605.0207 (3)(but of this date will not be listed as the	·)
If the reco (b) The 9	ord specifies a delayed effective date, but not an effective time, at 1: 90th day after the record is filed.	2:01 a.m. on the earlier of:	
Dated _	April 22 300		
	Signature of member of authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00