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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
	JONES 23 LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	STEVEN JONES			
	<del></del>	Name of Person		
	SEAMUS JONES 23 LLC			
		Firm/Company		
	1115 BRIERCLIFF DRIVE			
		Address		
	ORLANDO, FL 32806			
	STEVEN.SEAMUSJONES2	City/State and Zip Code 3@GMAIL.COM		
	E-mail address: (	to be used for future annual report notifier	ition)	
For further information	concerning this matter, please ca	all:		
STEVEN JONES		321 6070194		
Name	of Person	at ()	elephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: tration Section	STREET/COURIER Registration Section		
	ion of Corporations Box 6327	Division of Corporati Clifton Building	ons	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number L18000273440	any were filed on 11/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LI	.C" or the abbreviation "L.L.C."
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)		. 3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		ds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	I	Florida
	City	

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SCOTT HANSON	605 EAST ROBINSON STREET SUITE 500, ORLANDO, FL 32801	
		•	Remove
			Change
			Add
		Remove	
			☐ Change
			Add
			☐ Remove
			Change
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			□ Remove
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			☐ Change

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ffective data if other than the	06/21/2019 date of filing:	(optional)
an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.02 ling requirements, this date will not be listed a
e record specifies a delayed The 90th day after the rec		e time, at 12:01 a.m. on the earlier
JUNE 21	2019	
·		
	Signature of a member or authorized representat	ive of a member

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Filing Fee: \$25.00