## 119000028030

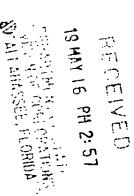
(Re	equestor's Name)	<del></del>
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500329588405

05/17/19--01001--001 \*\*50.00



O SIMMONS

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

JELLY-SALMON JV LLC

PLEASE RETURN A STAMPED COPY

CK# 8230

FOR \$50.00 (\$25.00 for this filing)

THANK YOU!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Linbility Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	<del></del>
iability Company were filed on _	FEBRUARY 1, 2019	and assigned
·		
lowing:		
of the limited liability company l	nere:	
words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
cable:	٠	<b>6</b> .
ET ADDRESS)	1	<u> 夏 三 </u>
		<u> </u>
	(T)	- O
	•	∵ <u>₹</u>
<del></del>		
<u>BOX)</u>	<del></del>	28
	on our records, enter	the name of the
ffice address here:		
N/A		
Enter Fi	lorida street address	
	171 a ad 3 -	
City	, Fiorida	Zip Code
	dowing:  In the limited liability company liability Company liability Company," the cable:  ET ADDRESS)  If or registered office address office address here:  N/A  Enter Fi	words "Limited Liability Company," the designation "LLC" or the abscable:  ET ADDRESS)  Nor registered office address on our records, enteroffice address here:  N/A  Enter Florida street address  Florida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STERLING MANAGERS LLC	201 S. PHILLIPS AVENUE, SUITE 222	
		SIOUX FALLS, SD 57104	
			Change
MGR	DANIEL AZEL	7047 SW 47TH STREET MIAMI, FL 33155	_ <b>⊟</b> Add
			☐ Remove
			Change
			☐ Add
			□ Romove
			BChange 28
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change

	N/A
_	
-	
•	
•	
•	
•	
	· · · · · · · · · · · · · · · · · · ·
ffec	tive date, if other than the date of filing: (optional)
an el lote:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocur	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	e 90th day after the record is filed.
atec	May 16
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00