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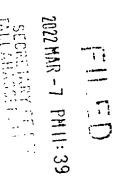
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE MAR 12 2022
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COVER LETTER

	Registration Se Division of Cor			
empuez:		ISE 18, LLC		
SUBJEC	Name of Limited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		MGR		
			Name of Person	.,,
		Cloud 9 Adventures, LEC		
			Firm/Company	
		105 E Atlantic Ave, Suite	200	
			Address	
		Delray Beach, FL 33444		
		·	City/State and Zip Code	_
		Mary@Cloud9Adventures.		
			to be used for future annual report no	ntification)
For furthe	r information c	oncerning this matter, please c	all:	
Mary Cha	ımberlain		561 368-8922 at ()	
	Name o	r Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$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)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S	ection	
		Division of Co		
	P.O. Box 632		The Centre of	
	Fallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAR - 7 PI

Jam Cruise 18, 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 Lia	bility Company were	filed on <u>03/09/2021</u>		and assigned
Florida document number 1.19000055130				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability c	ompany here:		
Jam Cruise 19, LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the designation	LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
				
B. If amending the registered agent and/or regagent and/or the new registered office address		ss on our records, <u>er</u>	iter the name of	the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street ac	ldress	
			. Florida	
	C	ity	Z.	ip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	and complete perfo ered agent as provid	rmance of my dutic: led for in Chapter 6	s, and I am famil 05, F.S. Or, if th	iar with and is document is

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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Remove
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□ Remove

		
		<u> </u>
		
	.	
		
Note: If t	date, if other than the date of filir we date is listed, the date must be specific ar the date inserted in this block does not is effective date on the Department of	ng:
If the record sprecord is filed.	pecifies a delayed effective date, but no	of an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	oruary 22	2022
ud 9 Adv Brown co	entures, LLC offee productions, Inc.	Mr fres
,,,,,,,,,,,,,	Signature of a	n member or authorized representative of a member
	Mark Brown, President	
		Typed or printed name of signee