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COVER LETTER

TO:	Registration Sec Division of Corp					
SHR	JCPSON AS	SSETS LLC				
300	<u> </u>	Name of Lim	ited Liability Company			
The	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Pleas	se return all correspor	idence concerning this matter	to the following:			
		Daniel Rangel				
			Name of Person			
	Firm/Company 6925 Lake Ellenor Dr., suite 117					
		Orlando, FL. 32809	Address			
		danielcrangel@hotmail.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report notifi		NIG I	CR.
		oncerning this matter, please ca	all:		19 APR 11	
Dani	iel Rangel		at () 5443244		7 = 0	⊋; .,;;;.
	Name of		Area Code Daytime	Telephone Number	PM ?	57. 57. 57. 57. 57.
Encl	osed is a check for the	e following amount:			2: 09	
	\$25.00 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 enclose)	ķ	CATIONS CATIONS

MAILING ADDRESS: 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

19 APR 1 PM.

JCPSON ASSETS LLC			Q 17
(Name of the Limited Lia (A Flo	ability Company as it now orida Limited Liability Con	y appears on our records.) mpany)	PM 7: 09
The Articles of Organization for this Limited Liabilit	ty Company were filed	on <u>02/26/2019</u>	and assigned
Florida document number L19000056000	·		
This amendment is submitted to amend the following	<u>;</u> ;		
A. If amending name, enter the new name of the	limited liability comp	any here:	
The new name must be distinguishable and contain the words	Limited Liability Company	y," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		 .
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	-		
B. If amending the registered agent and/or re	egistered office addr	ess on our records, ent	er the name of the new
registered agent and/or the new registered office a	ddress here:		er the name of the nev
Name of New Registered Agent:			<u></u> _
New Registered Office Address:			
	En	nter Florida street address	
		Florida	
	City:		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.

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	PITELLA LAKRYC, CAROLINE		_ ☐ Add
			■ Remove
			□ Remove
			☐ Change
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`an effective Sote: If the	date is listed, the d date inserted in	date must be specifi	ic and cannot be not meet the a	prior to date of applicable statu	filing or more than	(optional) 90 days after filing. rements, this date) Pursuant to 605.02 will not be listed
e record : The 90th	specifies a de I day after th	elayed effecti ne record is fil	ve date, bu led.	it not an eff	ective time, a	at 12:01 a.m.	on the earlier
ated	April	8		19	,		
			bell 1	WIII.	11/1		
		///	1/10/1	11/11/11/11			

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Filing Fee: \$25.00