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COVER LETTER

Division of Co	rporations			
John Putna SUBJECT:	em, LLC			
SOBJECT.	Name of Lin	nited Liability Company	 	
The enclosed Articles of	Amendment and fec(s) are sub	emitted for filing		
		-		
riease return all corresp	ondence concerning this matter	to the following:		
	John Putnam			
		Name of Person		
	John Putnam, LLC			
	-	Firm/Company		
	1472 S. Evergreen Ave.			
		Address		
	Clearwater, FL 33756			
		City/State and Zip Code		
	johnput@gmail.com			
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report not all:	itication)	7-3
John Putnam		727 503-0043		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			o o o same
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	tus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Putnam, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	2.	
	Company were filed on 03/01/2019 and assigned	
Florida document number L19000060096	<u>_</u> .	
This amendment is submitted to amend the following:		
This difference is sublificed to amora the following.		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered affice address here: Name of New Registered Agent:	d office address on our records, <u>enter the name of the new registered</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered	d Agent:	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability	
	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	Address	Type of Action
			□Add
			□Remove
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Please add any and all legal t	ousiness activity (trading futures) to Article III	
,		
 -		
		
All your house to see the second		
<u> </u>		
Sective date, if other than the n effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	t be specific and cannot be prior to date of filing or more than 90 days ock does not meet the applicable statutory filing requirements	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
cord specifies a delayed effectiv s filed.	e date, but not an effective time, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
	2020	
ted April 10		
ted April 10	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00