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## **COVER LETTER**

TO: Registration S Division of Co			
JMONE II SUBJECT:	NDUSTIRES LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JANEISHA EPPS-FOSTI	ER	•
		Name of Person	
		Firm/Company	
	11530 FOXGLOVE DR		် တို
		Address	<u> </u>
	CLERMONT FL 34711		
	JMONESERVICES@GMA	City/State and Zip Code	<del></del>
	<del>_</del>	to be used for future annual report notification)	
For further information of	concerning this matter, please of	ali:	
JANEISHA EPPS-FOST	TER	407 259-8409 at ( )	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	e

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMONE INDUSTIRES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 3/4/2020	and assigned
Florida document number L190000061084	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MONE INDUSTRIES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11530 FOXGLOVE DR	
Principal office address MUST BE A STREET ADDRESS)	CLEMONT PL 34711	υ <sup>τ</sup>
nter new mailing address, if applicable:	JMONESERVICES@GMAIL	л <del>сом</del> С
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:		
	Enter Florida street addres	is
	Flo	orida
	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
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			Change
			□Add
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ctive date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to d	(optional) date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	e statutory filing requirements, this date will not be liste
on the Department of State 3 records.	
ord specifies a delayed effective date, but not an effective time,	
filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after
17 APRIL 2021	
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Typed or printed name of signee