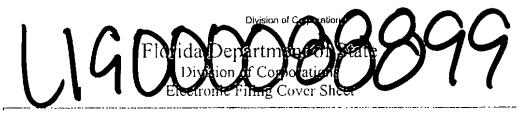
9/7/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003324123)))



H210003324123ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOSIANE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 0 8 2021

Electronic Filing Menu Corporate Filing Menu

Help

(H210003324123)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSIANE, LLC		>	d5S
(Name of the Limited Link (A Flor	office Company as it now appears on our records.) ida Limited Liability Company)	- G	7-1
The Articles of Organization for this Limited Liability	y Company were filed on 04/03/2019	and assigned	.0 :61 RW
Florida document number L19000088899	 ·		`∷` (⊐)
This amendment is submitted to amend the following:	:	35	7
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		_
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our records, enter the name of \underline{e} :	the new regis	tered
Name of New Registered Agent:			<u>_</u> .
New Registered Office Address:	Enter Florida street address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	, Florida		_
	5.19	lip Code	
New Registered Agent's Signature, if changing Registe	cred 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

(H 210003332412 3)

(H21000332412 3)

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

Name	<u>Address</u>	Type of Action
MICHAEL BITTERMAN	1700 Hoffner Avenue	⊞ Add
	Orlando, FL 32809	□Remove
		Change
MGR JOHN W. BITTERMAN, III	1700 Hoffner Avenue	bbA≣
	Orlando, FL 32809	CRemove
		□ Change
		□Add
		□ Remove
		□Change
		□Remove
		[]Change
		□Add
		□Remove
		ClChange
		□Remove
		C:Change
	JOHN W. BITTERMAN, III	Orlando, FL 32809 JOHN W. BITTERMAN, III Orlando, FL 32809 Orlando, FL 32809

(HZ10W352412 3)

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
		
. Effective date, if other than the date of filing:	uant to 605.0207 (not be listed as ((3)(b) the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cord is filed.	h day after-the	2021 9
$0 \downarrow 2$	Tx11 3×2 car ⁿ e	SEP -7
Dated	0025 100-	-7
Signature of a member or authorized representative of a member	FLORIDA	AM 10: 07
John W. Bitterman, at.	0;; 	<u> </u>
Typed or printed name of signee		