L19000106616

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| V - | ····, | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bı | siness Entity Nan | ne) |
| | | _ |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration of Division of | on Section Corporations | | |
|---------------------------------|---|---|--|
| • | T P. 1 : , , | <i>.</i> . | |
| SUBJECT: | J Rowland 44 Name of Limit | ted Liability Company | |
| | the of this | ovingan, | |
| The enclosed Article | es of Amendment and fee(s) are subm | nitted for filing. | |
| | respondence concerning this matter t | - | |
| i lease return an cor. | respondence concerning this matter t | o die following. | |
| | Jaso | Rowland Name of Person | |
| | J | Rowland LLC | |
| | 2036 | Bridge Rd Address | |
| | Fernantin | 10, FL 32034 City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | E-mail address: (to | and 411 6 g mg. 1. com to be used for future annual report notific | cation) |
| For further informat | ion concerning this matter, please cal | | |
| Jason J | ime of Person | at (904) 335. Area Code Daytime | 7346 Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ☑ \$25.00 Filing Fo | e S30,00 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) |
| Ro | AILING ADDRESS: gistration Section vision of Corporations | STREET/COURIE Registration Section Division of Corporat | |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan | | r records) | |
|--|-----------------------------|---------------------------------------|-------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | ability Company) | records | |
| The Articles of Organization for this Limited Liability Company v | vere filed on April | 18,2019 | _ and assigned |
| Florida document number <u>L19000106616</u> . | · · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation | on "LLC" or the abbra | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | _ | |
| Enter new mailing address, if applicable: | | | . 6107 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered off | ice address on our r | ecords enter th | e name of the ne |
| registered agent and/or the new registered office address here: | | ecorus, <u>enter tu</u> | C manne or the ne |
| | | | • |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida stree | et address | |
| | | Florida | |
| | City | · · · · · · · · · · · · · · · · · · · | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | - | | |
| accept the obligations of my position as registered agent as pi | | • | |

If Changing Registered Agent, Signature of New Registered Agent

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 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 |
|--------------|---------------|---------------------------------------|------------------------|
| MGR | Jason Rowland | 2036 Bridal Rd, Fernandins FL | 39034 D_44 9 |
| | | | □ Remove |
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| (If an effect Note: If | e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records. |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed. |
| Dated | June 26 2019. |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00