L19000112340

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Fig. 12 Fi. 2: 03

C. GOLDEN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Team Jenning Name of Limi	OS LLC ted).iability Company	
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Christop	Sec Jenning Name of Person	35
	Firm/Company	
2337 Or	lando Rd	
Panama (Address City/State and Zip Code	<u>1405</u>
E-mail address; (to	o be used for luture annual report notifi	cation)
For further information concerning this matter, please ca	II:	
hristopher Jannings	at (<u>478</u>) <u>718 - 7</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
☑ \$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 enclosed)
Mailing Address: Registration Section	Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."	100m Jonnie (Name of the Limited Liability Co	ngs UC	•	19 P:
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code	(A Florida Limi	ited Liability Company)	nour recordy.	
in the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Torde Zip Code	The Articles of Organization for this Limited Liability Comp Torida document number <u>L19000112340</u> .	any were filed on <u></u>	2D/2D19	and assign
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code				
New Registered Office Address: Enter Florida street address		ice address on our reco	rds, <u>enter the name</u>	of the new re
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:			
, Florida	New Registered Office Address:	-		
City Zip Code		Enter Florida	street address	
·			, Florida	
		•		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

MGR = Manager AMBR = Authorized Member Title Name Address Type of I 337 Oclaimo Rd. DADO MGR Christopher Jennings ____ □Change ___ _ □ Add □Remove _____ □Change __ 🗆 Remove _____ Change \Box Add Remove __ Change □Remove □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be

or removed from our records:

<i>.</i> 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	flective date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.
Date	October 13 . 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00