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COVER LETTER

TO:	Registration S Division of Co					
SUBJE		JKEE HOLDINGS LLC				
SOBJE	L-	Name of Lin	nited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Picase re	cturn all corresp	ondence concerning this matter	to the following:			
		Steve M. Mattox				
		Miccosukee Holdings LLC	Name of Person		-	
		810 Thomasville Rd, Suite	Firm/Company : 100		-	
		Tallahassee, Florida 32303	Address		-	
		smattox@mattoxrealty.com			201	
For furth	er information of	E-mail address: (concerning this matter, please co	to be used for future annual report notificall:	ation)	2019 HAY 16	اران ا
Steve M	. Mattox		850 508-4105			190 190 190 190 190 190 190 190 190 190
	Name o	of Person		Felephone Number	AM 10: 21	ָר ה
Enclosed	is a check for t	he following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MICCOSUKEE HOLDINGS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Comp.	pany were filed on MAY 6, 2019	and assigned
This amendment is submitted to amend the following:		
A. 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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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.

Zip Code

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
MGR	Sanford M. Schmookler		
		DO Day 15101 Tallahaan	
		PO Box 15191 Tallahassee, Florida 32317	■ Remove
			Change
MGR	Holistic Investment Properties LLC	2317 Tour Eiffel Drive Tallahassee, Florida 32308	= Add
			Remove
	Steve M. Mattox		Change
MGRM	- Harriog		Add
			Remove
		810 Thomasville Rd Suite 100 Tallahassee, Florida 32303	₩ Change
			Remove
			Change
			20 MAY CHOOVE AND CONTROL TO THE CON
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			□ Add
			Remove
			□ Change

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,	a.m. on t	he eai	rlier of:
Dated 5/16 / 2019.			
Signature of a member or authorized representative of a member			
STEVE M. MATTOX			

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Filing Fee: \$25.00