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COVER LETTER

Divis	sion of Corp	oorations .		
SUBJECT: [•	Properties, LLC		
		Name of Limi	ited Liability Company	
The enclosed.	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
		John W. Gonzalez		
			Name of Person	
		J&E Family Properties, LL	C	
			Firm/Company	
		19309 Carolina Circle	, ,	
			Address	
		Boca Raton, FL 33434		
		jwgonz@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further inf	formation co	oncerning this matter, please ca	ıll:	
John W. Gon:	zalez		305 301-6313	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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 radditional copy is enclosed

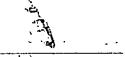
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&E Family Properties, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(**************************************		- 28 Jul 13 P 2 37
The Articles of Organization for this Limited Liability (Florida document number L19000134817	Company were filed on 5/20/2019	and assigned
Florida document number L19000134817	·	This forms in the first in t
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:		ecords, enter the name of the n
New Registered Office Address:	Enter Florida stree	t address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dur agent as provided for in Chapter red office address, I hereby conf	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	John W. Gonzalez	19309 Carolina Circle, Boca Raton, FL 33434	■ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

Newly assi	gned Employee Identification Number is 84-1959599. Please update record to reflect EIN.	
		
		
ective date,	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	to 605.0
e: If the date	e inserted in this block does not meet the applicable statutory filing requirements, this date will not b	e listed
ument's effec	ctive date on the Department of State's records.	
record spe	cifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ	earlie
ne 90th da	ay after the record is filed.	
June 10	2019	
ed		

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Typed or printed name of signee

Filing Fee: \$25.00