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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Jacksonville	e Property Preservation, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tinya R Jackson		
			Name of Person	
Jacksonville Property Preservation, LLC				
			Firm/Company	
225 College Drive #65655				
			Address	
		Orange Park, FL 32065		
			City/State and Zip Code	
		jaxpropreservation@gmail.		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please c	all:	
Tinya R Jacl	kson		904 613-0567 at ()	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Jacksonville Property Preservation, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000141887</u> .	were filed on 05/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	! ¬
Enter new principal offices address, if applicable:		SEP FI
(Principal office address MUST BE A STREET ADDRESS)		23 T
Enter new mailing address, if applicable:	225 College Drive #65655	7:17
(Mailing address MAY BE A POST OFFICE BOX)	Orange Park, FL 32065	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·····
	, Flo	rida
	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.

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
MGR	Jonathan Jones	5632 Finch Avenue	
		Jacksonville, FL 32219	
		· · · · · ·	■ Remove
			□ Change
	*****	- ,,	□ Add
			□ Remove
			Change
			Add
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Effective date, if other than the	05/24/2 date of filing:	2019	(optional)	•
If an effective 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 605.02
<u>Note:</u> If the date inserted in this blo document's effective date on the De			ng requirements, this date	will not be listed
he record specifies a delayed		not an effective	time, at 12:01 a.m.	on the earlier
The 90th day after the reco	rd is filed.			
	2019			
August 29				
Dated August 29	·	·		
While	Signature of a member or	·		

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Filing Fee: \$25.00