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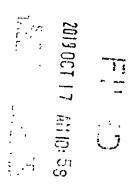
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u>. </u>
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COVER LETTER

FO: Registration Section Division of Corporation	s		
SUBJECT: JE51	Enterprises Name of Limited	OF FL LLC Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are submitte	ed for filing.	
Please return all correspondence co	oncerning this matter to th	ne following:	
	•	Name of Person	
 	J&S Ente	Pirm/Company	<u></u>
	Po Box 3	7584 Address	
		C FL 30036 ity/State and Zip Code	
	SCATCE DO E-mail address: (to be	used for future annual report notificat	ion)
For further information concerning	g this matter, please call:		
Shorry M Name of Person	ercitt	at (904) 838-2. Area Code Daytime Te	353 Elephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & ertificate 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 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

(Name of the Limited Liab	MSCS OF FL LLC illity Company as it now appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number <u>L1900014565</u>		3119 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		To OC
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		, A. O.
New Registered Office Address:	Enter Florida stre	et address
	Ciņ [,]	, Florida 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
•			□ Remove
			Change
			Remove
			_ □ Change
_			Add
		Remove	
			Change
			Remove
			☐ Change
			Remove
			Change
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ote: If the date	other than the dat listed, the date must be inserted in this block ive date on the Depar	does not me	et the applic	cable statute	ing or more the	an 90 days a uirements,	otional) fter filing.) Pu this date wil	rsuant to 605.02 I not be listed
	ifies a delayed ef after the record		te, but no	ot an effe	ctive time	, at 12:0	1 a.m. on	the earlier
ated	tober 15th	<u>b</u> .	2019	·				
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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00