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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

ΓO: Registration So Division of Co		••	
SUBJECT:	Pill Name of Lim	ited Liability Company	JAMER
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ambe	Name of Person	EV
	Beyor	BCCUty 10 Firm/Company	y Amor
	100 Harris	ON St. SULT 70 Address	A COOPER
	DE JE-mail address: (1	City/State and Zip Code City/State and Zip Code Code	Erle Gradi
or further information c	oncerning this matter, please ca	all:	
AMDEK LEV Name o	YZ)VJEV f Person	at (321) 544 Cole Daytime	(934 Telephone Number
inclosed is a check for the	ne 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
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

TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records

The Articles of Organization for this Limited Liability Company were filed on 1323 25 16 16 - 8 Florida document number <u>L</u>9CCO145929 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" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida 325122

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 201-A	Type of Action
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Effect	tive date, if other than the date of filing: (optional)
(If an el	Tective 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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
he_re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
i The	e 90th day after the record is filed.
	2/1/0
Dated	71.31.70147 2014.
Durec	
	(1 m/2/1 / 1/10/10/0)
	Signature of a member or authorized representative of a member
	/ S
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Filing Fee: \$25.00