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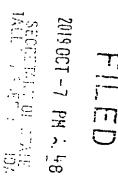
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# COVER LETTER

	Name of Lim	ited Liability Company	<del></del>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Adam Klauber, Esq.						
	· · · · · · · · · · · · · · · · · · ·	Name of Person					
	Name of Person Klauber Goldman, P.A.  Firm/Company 8751 West Broward Boulevard. Suite 410  Address						
	•	Firm/Company					
	8751 West Broward Boule	vard. Suite 410					
	Address						
	Plantation, Florida 33324						
	aklauber@klaubergoldman.		· · · · · · · · · · · · · · · · · · ·				
For further information	e-mail address: (	to be used for future annual report notit all:	ication)				
Adam Klauber		954 424-9666 at ()					
Name	of Person	Area Code Daytime	Page Telephone Number				
Enclosed is a check for	the 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

TO:

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

JORDAN GRAY ENTERPRISES LLC	•	
( <u>Name of the Limited Li</u> (A.F)	ability Company as it now appears on our recordorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabili	ity Company were filed on 06/06/2019	and assigned
Florida document number 1.19000149987	,	
This amendment is submitted to amend the followin	ā;	
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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		2013 OCT - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
B. If amending the registered agent and/or r registered agent and/or the new registered office	• *	ds. enter the name of the h
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addr	YSN
_	, l	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>	Name	Address	Type of Action
AMBR	Donald Gray III	12160 IVAKOTA COURT MANASSAS. VA 20112	Add
			■ Remove
			☐ Change
AMBR	Walter Donald Gray III	12160 IVAKOTA COURT MANASSAS, VA 20112	<b>□</b> Add
			Remove
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li`an eti <u>Note:</u>	Tective date is If the date	listed, the date inserted in the	n the date of the must be specials block does the Departme	ific and car s not mee	nnot be prio t the appli	cable statu		than 90 days			
			ayed effect record is		e, but no	ot an eff	ective tim	e, at 12:(	01 a.m. o	n the earlie	er of:
Dated	October	.30	<b>d</b>	· :	2019						
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			Signatur	e of a mer	nber or auth	offzed repr	esentative of a	member			

Page 3 of 3

Filing Fee: \$25.00