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COVER LETTER

	egistration Sec ivision of Corp			a
CHD IPZT		RENTALS EAT, LLC		·
SUBJECT				
The enclos	ed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		STANLEY G JACKSON		
			Name of Person	
			Firm/Company	
		321 NEWBERRY ST SW		
			Address	
		AIKEN SC 29801		·
			City/State and Zip Code	
		stan@stanjackson.com	to be used for future annual report r	notification)
For further	information c	oncerning this matter, please ca		
STANLEY G JACKSON		904 624-4551 at ()		
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed i	s a check for th	ne following amount:		
₩\$25.00) Filing Fee	S30.00 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)
	Lailing Addres		Street Address Registration	
Registration Section Division of Corporations			Division of C	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JACKSON RENTALS EAT, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/18/2019}{}$ and assigned Florida document number <u>L1</u>9000154335 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 " 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

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	GENTRY, DONALD G, SR.	2418 VIA DEL REY	□ Add
		FERNANDINA BEACH FL 32034	■Remove
			□ Change
MGR	JACKSON, STANLEY G.	2811 ATLANTIC AVE #201	200 J
		FERNANDINA BEACH FL 32034	ORIE ORING 2 Pee 4
			Change STATA
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach addition)	onal sheets, if necessary.)
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E. Effective date, if other than the date of filing: (It an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. record is filed.	on the earlier of: (b) The 90th day after the
Dated 12/19/19 ** Afflication of a member of authorized representative	
Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00

Typed or printed name of signee