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| (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bı | usiness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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R. WHITE AUG 07 Low

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|---|
| SUBJECT: | JJ Ford (Name of Limit | ted Liability Company | |
| The enclosed Articles of 7 | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspor | ndence concerning this matter t | o the following: | |
| | Kan | Ay KuKla | |
| | JJ For | Td LLC Firm/Company | |
| | 220a | Garnett Bo | zyan Rd |
| | Santa R. Randuk | DSA Beach, F City/State and Zip Code UKIA E Yah | 2 32459 00: OM |
| | l:-mail addless: (t | | cation) |
| For further information co | oncerning this matter, please ec | ali: | |
| Randy Kune o | 1KIA_ | at (<u>\$50</u>) <u>50 a</u> Area Code Daytime | 2 - 3403 Telephone Number |
| Enclosed is a check for th | 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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF

2019 819-2 福田1:01

| JJ Ford | JL | LC | | <u> </u> |
|--|------------------------------------|-------------------------------------|---------------------|---------------------------------------|
| (Name of the Limited Liabilit (A Florida | ty Company Limited Liab | as it now appear ulity (company) | s on our records. | .) |
| The Articles of Organization for this Limited Liability C | Company w | ere filed on <u>(</u> 3 | 919/10 | and assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | <u>ited liabili</u> | ty company ho | ere: | |
| The new name must be distinguishable and contain the words "Lim | sited Liability | Company," the d | esignation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDI | <u>RESS)</u> | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered offi <u>iress here</u> : | ce address or | ı our records | , enter the name of the ne |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | | Enter Flo | orida street addres | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | , Flo | orida |
| | | City | | хир Соас |
| Now Danistered Agent's Signature, if changing Registers | ed Agent: | | | |

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 Type of Action Address Title Name | MGR Miller, Sarah J 2200 barnett Bayon and Santa Rosa Beach, Floremove 2200 Garnett Bayon Rd AMBR Kukla, Randy J SWHA ROSA BLACK, FC - Remove 32459 (change to MGR) To Change □ Add ☐ Remove Change \square Add □ Remove □ Change □ Remove Change 🔲 Add ☐ Remove Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| - Remove Miller, Saran from all of JJ Ford LLC. Add Marge |
| - Add Change Randy J Kukla from AMBR to MGR/awner. |
| |
| |
| E. Effective date, if other than the date of filing: 41749 (optional) (If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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. on the earlier of: (b) The 90th day after the record is filed. |
| Dated July 30-20.19 Kand J. Kuld L. Signature of a thember of authorized representative of a member |
| Randy KNKIA Typed or printed name of signee |

. . . .

Page 3 of 3

Filing Fee: \$25.00