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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

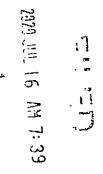
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AUG 2 9 2020 S. YOUNG

COVER LETTER

Division of C	Corporations		
SUBJECT:	Jessia Dydianos	4,46	
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JUSTICA D. HAY Name of Person Septiment Justice Justice		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jusica	Name of Person)	
	<u> </u>	A Dadionatt, LLC Firm/Company	
	3099 5		
	Port Salv	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notificati	on)
For further information	n concerning this matter, please of	eall:	
Mame	Hay ne of Person)		ephone Number
,	or the following amount:		
≦\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Add Registration		<u>Street Address:</u> Registration Sectio	
Division of	f Corporations	Division of Corpor	ations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jessica Da	diomoff, LLC	5 5
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	3
The Articles of Organization for this Limited Liability (Florida document number 4900 1954 97	Company were filed on Wy 18, 299	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		the abbreviation "[[C."
Trincipal Office addition MONT DE TOTALES TODA		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	City	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 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>	Address	Type of Action
MGR	Hossica D. Hay	3099 SE Galt Circle	□ Add
	J	Port St. Lycie, FL 39984	□Remove
		Change to AMBR	_ SChange
AMBR	Christopher Hay	3099 SE Galt Circle	i\$Add
	7	Part St. Lucie, FL 34904	□Remove
			Change
			□Add
			🗆 Remove
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			□Change

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	Missin	r Hay	Authorized	Members	AMBRS.	
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an effecti ote: If	the date inserted i	date must be specif n this block does	ic and cannot be prior to	date of filing or more the statutory filing requ	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	605.0207 listed as
record s		effective date, bu	ut not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	fter the
ited 🚉	July 7		. 2020			
		Signature	of a member or authorized Typed or printed	red representative of a r	nember	
		•				