## L19000210822

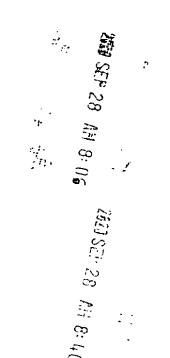
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## **COVER LETTER**

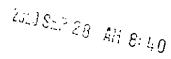
TO: Registration S Division of Co			
JDBB, LL.			
NOBJECT:	Name of Lin	ated Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicholas D. Fugate		
		Name of Person	
	Nicholas D. Fugate, P.A.		
		Firm Company	
	P.O. Box 7548		
		Address	
	Tallahassee, Florida 3231-	1	
		City/State and Zip Code	
	ndfugate@nicholasdfugatep		· · · · · ·
For further information	n-mail address: ( concerning this matter, please c	to be used for future annual report notifi all:	ication)
Nicholas Fugate		at () 792-5290 Area Code Daytime	
Name	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Il \$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

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Street Address: 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



JDBB, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> ,)
The Articles of Organization for this Limited Liability C Florida document number 1.19000210822	Company were filed on 8/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The Tyson Group, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>enter t</u>	the name of the new regist
New Registered Office Address:		
new registered Office Audiess.	Enter Florida street address	
	Flo	rida
<del></del>	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:

| Cold Str 28 | Ali 8: 40 |

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐Change
			□Add
			□Remove
			Change
	4		Dadd
			□Remove
			□ Change
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			UChange
			□Remove
			□ Change
			□Add
			∐Remove

mend	ling any other i	nformation, en	ter change(s) h	ere: (Attach ada	itional sheets, if	SEC 28 AII Inecessary.)	
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sed	ptember 27	$\mathcal{I}$	2020	<del></del> '			
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	Rylin Tyson	/	/'				