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COVER LETTER

		Ormond Beach LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	um all correspo	ndence concerning this matter	to the following:	
		Barbara F Steinberg		
Division of Corporations Jubilation Ormond Beach LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara F Steinberg Name of Person Firm/Company 697 John Anderson Drive Address Ormond Beach, FL 32176 City/State and Zip Code bfsteinbergphd@cfl.rr.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg 386 212-9826 at (
		697 John Anderson Drive	Firm/Company	
Division of Corporations Jubilation Ormond Beach LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara F Steinberg Name of Person Firm/Company 697 John Anderson Drive Address Ormond Beach, FL 32176 City/State and Zip Code bfsteinbergphd@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter, please call: Barbara F Steinberg Name of Person Tenal address: (To be used for future annual report notification) For further information concerning this matter to the following annual report notification)				
		bfsteinbergphd@cfl.rr.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
Barbara F				
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.00	0 Filing Fee	-	Certified Copy	☐ \$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

Jubilation Ormond Beach LLC		
(Nume of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on October 2, 2019	and assigned
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 I	Liability Company," the designation "1.1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		7. 2
Enter new mailing address, if applicable:		2019 TAL
(Mailing address MAY BE A POST OFFICE BOX)		DC III
		<u> 第 2 </u>
		1000 Et 1
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the ne
		구름 -
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
_ 	Ciry	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	<u>Address</u>	Type of Action
MGR	Barbara F Steinberg	697 John Anderson Drive Ormond Beach, Fl. 32176	Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			Change
			
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

. If amending any other informati	ion, enter change(s) here: (A	ttach additional sheets, if necessary.)	
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to dat sek does not meet the applicable s	te of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be lis	05.0207 (3) sted as the
the record specifies a delayed) The 90th day after the reco		effective time, at 12:01 a.m. on the earl	ier of:
October 21 Dated	2019		
Burhasin	Signature of a member or authorized	representative of a member	
Birbare	Typed or printed nam	(27° c) ne of signee	

Page 3 of 3

Filing Fee: \$25.00