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John Sperry Sells, 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: John E Sperry Name of Person John Sperry SELLS, LLC Firm/Company 437 29th St Address West Palm Beach, FL 33407 City/State and Zip Code johnsperrysells@gmail.com L-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John E Sperry Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **☒** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (tadditional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

John Sperry S	Sells, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco	ords.)				
The Articles of Organization for this Limited Liability Company	were filed onJanuary 3	30, 2020 and assigned				
Florida document number L20000036510						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
John E Sperry, LLC						
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "L	J.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	N/A					
(Principal office address MUST BE A STREET ADDRESS)		2021 3 5 1				
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Enter new mailing address, if applicable:	N/A	- m				
(Mailing address MAY BE A POST OFFICE BOX)		= -				
priming unaress SETT DE TO OFFICE DOLY						
B. If amending the registered agent and/or registered office :	nddress on our records, <u>ent</u>	er the name of the new registered				
agent and/or the new registered office address here:						
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
	Enter Florida street address					
	. Florida					
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is				
	N/A					

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective	date is listed, the date mu-	t be specific and	cannot be prior	to date of filing c	r more than 90) days after fili	ig.) Pursuam to 6053	
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	February 6		2020					
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