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COVER LETTER

Jones Rade SUBJECT:	er & Owen LLC	r .			
GODAECT.	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
	Steven Stern				
		Name of Person			
	Steven Stern CPA PA				
	<u> </u>	Firm/Company			
	5401 Polk Street				
		Address			
	Hollywood, FL 33021				
	 	City/State and Zip Code			
	steve@stevesterncpa.com				
		to be used for future annual report notificati	on)	()· ~	.
For further information c	concerning this matter, please c	eall:		TAL ECH ECH ECH)
Steven Stern		954 309-3982 at ()		ZUZU JUL 27 SECKETANK TALLANK	7
Name o	f Person	Area Code Daytime Tel	ephone Number	음악 국	S Parties
finclosed is a check for the	ie following amount:		,	<u> </u>	7
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, of Status &	

TO: Registration Section

Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Jones Rader & Owen LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our recormited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Con-	ipany were filed on ²⁻²⁶⁻²⁰	and assigned
Florida document number L20000059398		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	1 liability company here:	
lader & Owen LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(2)	
		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	2020 TA
		File In
. If amending the registered agent and/or registered of	fice address on our records, enter	the name of the new register
gent and/or the new registered office address here:	, 	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		The state of the s
Name of New Registered Agent:		
New Registered Office Address:		7
	Enter Florida street addres	is
	FI	orida
 _	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Elizabeth Jones		□Add
		1100 Paddock Park Circle Gallatin, TN 37066	■Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		[1] [1] [1] [2] [3]	
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ective date, if other than the	date of filing;			(optional)	
n effective date is listed, the date muster: If the date inserted in this b	lock does not meet the ap	plicable statutory	or more than 90 da Tilling requirement	nys after filing.) Pursu nts, this date will n	ant to 605,020 of he listed a
cument's effective date on the D	epartment of State's reco	rds.			
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