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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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05/01/20--01013--001 **25.08

2020 HAY - I PM 9-3



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ect: <u>Vasc</u>	Dr'S TIP QV Name of Lim	Service on the state of the sta	LLC.
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Jason	ROLLOS Name of Person	
			Firm/Company	
		5956 SW	Highway 7	2
		Arcadica, JTNS LLC	Flovida 34a City/State and Zip Code 10 9mail Copy to be used for thiture annual report notific	266 2000)
For furt	her information co	ncerning this matter, please ca	9	,
	Jason Name of	ROllins	at (941) 705-4 Area Code Daytime T	5280 Telephone Number
Enclose	d is a check for the	e following amount:		
≥ \$25	(X) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$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

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

JOSONS 1 18 C	ty Company as it now appears on our records.)	<u> </u>
(A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{31720}{2}$	2() and assigned
This amendment is submitted to amend the following:		3141.5 2820
A. If amending name, enter the new name of the limit	<u> </u>	HAY - I
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "LJ.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la .
	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
AMBR	Jessica Beyreis	5956 Sw Highway 72 Arcadia, FL 34266	`
		12 Frederice, PC 191266	□Remove
			□Change
	. ,		□Add
			□Remove
			□Change
			□ Add
			Петюче
			□Change
		<u>-</u>	□Remove
			TChange
			□Add
			DRemove
			□Change
			⊐Add
			Петюче
			OChange

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Í	Add Jessica Beyveis as Authorized
1	Devson. All other information Stays
-	the same
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(If an effe Note:	ye date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a momber or authorized representative of a member
	JASON D. ROLLINS Typed or printed name of signee Typed or printed name of signee