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SECRETARY OF TAKE

COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	JPF Cap	otial, LLC	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	Justin	n Flanagan	
		Name of Person	
	TP	F Captial, LLC	<u></u>
		Firm/Company	
	200 NE	17th Ct, A	pt 804
	Fort Laude	rdale, FL 3	3305
	justinf	City/State and Zip Code Tanagan 8 @ G to be used for future annual report not	mail.com
	·	·	ilication)
	concerning this matter, please ca	all:	
Justin Flo	on agan of Person	at (781) 888 Area Code Daytim	- 6341 ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)

TO:

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

JPF Cap	stal, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on 4/C	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
JPF Capin		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		20: TAL
Enter new mailing address, if applicable:		75 2
(Mailing address MAY BE A POST OFFICE BOX)		AS B
	<u></u>	φο: ω '
B. If amending the registered agent and/or registered	1 - 65 1 1	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	enter the name of the new registere
		1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	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>	Name	<u>Address</u>	Type of Action
·			🗆 Add
			Remove
			Change
			□Add
			□Remove
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			□Add
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amending any other information, enter change(s) here: (Attach additional sheets,	
	20
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	100 T
	<u> </u>
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer locument's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.02 ments, th is date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear d is filed.	
Dated 4/8/20 April 8th 2020	
Dated 4/8/20 April 8th 2020 Signature of a member or authorized representative of a mem Justin Flancagan	iber
A DISTRICTION OF THE PROPERTY	

Filing Fee: \$25.00