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SEP 17 320

COVER LETTER ...

TO: Registration Section Division of Corporations	
SUBJECT: JC ABBAHN	A 11 (
	ame of Limited Liability Company
The enclosed Articles of Amendment and feet	(s) are submitted for fifing.
Please return all correspondence concerning t	his matter to the following:
Jean	C Abraham.
	Name of Person
	Firm/Company
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	(ornerstone Dr Address
	City/State and Zip Code nam Jian 54 @ a Mail. (0 m
<u> </u>	City/State and Zip Code
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For further information concerning this matter	r, please call:
7 () ()	
Name of Person	at (407) 734-2096 Area Code Daytime Telephone Number
Same of Ferson	Mea Code Daytine Telephone Number
Enclosed is a check for the following amount:	
© \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
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

RECEIVED
JUN 2 9 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 (Albrahm	UC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L200012725</u>	ity Company were filed on 5/11/202.0 part assigned
This amendment is submitted to amend the following	gr
A. If amending name, enter the new name of the JC AGARAM LO The new name must be distinguishable and contain the words	limited liability company here: Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	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 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	Address		Type of Action
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<u>Note:</u> If the	date inserted effective date	! in this bloci	s does not n	neet the ap	oplicable :	latutory fil	ing requir	ements, t	his date w	ill not t	e listed a
record spec d is filed.	cifies a delaye	ed effective d	late, but not	an effecti	ve time, a	t 12:01 a.n	n, on the e	arlier of:	(b) The	90th da	y after the
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