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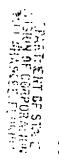
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## **COVER LETTER**

J&S Surfac	ee Pro, LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Eastman		
		Name of Person	
	J&S Surface Pro, LLC		
		Firm/Company	
	663 Murphy ave North		
		Address	
	St. Petersburg, Florida 337	703	
		City/State and Zip Code	
	jssurfacepro@gmail.com E-mail address: (	to be used for future annual report r	notification)
For further information c	oncerning this matter, please c		
Justin Eastman		727 601-3716	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addres		Stroot Addrace	

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

J&S Surface Pro, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Froma Emilier Bability Company	,	門景の一の
The Articles of Organization for this Limited I Florida document number L20000156981		une 08, 2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	·	
B. If amending the registered agent and/or agent and/or the new registered office address.		records, enter the	name of the new registered
Name of New Registered Agent:	Staci L Stanley		
New Registered Office Address:	663 Murphy Ave North		
	Enter Fl	orida street address	
	St. Petersburg	, Floric	la <u>33703</u>
	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>	<u>Address</u>	Type of Action
AR	Staci L Stanley	663 Murphy ave north	
		St. petersburg, FI 33703	□Remove
			■ Change
MGR	Justin T Eastman	663 Murhy ave North	<b>=</b> Add
		St. Petersburg, Fl	□ Rеточе
			□Add
			□Remove
			Change
			□Add
		<del></del> -	Пеньоче
			□Change
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effective da e: If the da	te is listed, the date i ate inserted in this	must be specific block does n	and cannot be of meet the a	e prior to date of applicable stat	filing or more that atory filing rea	han 90 days aft nuirements, th	er filing.) Pursu iis date will n	ant to 605.0207 of be listed as
— ument's efi	fective date on the	Department	of State's rec	ords.		, ,		
	ies a delayed effec	tive date, but	not an effect	tive time, at 13	2:01 a.m. on th	e earlier of: (	b) The 90th	day after the
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		Signature (	of a member of	authorized rep	resentative of a	member		
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