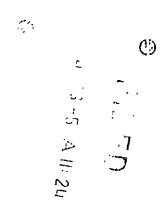
## L20 000 162481

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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to F	iling Officer:		

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## **COVER LETTER**

TO:	Registration S Division of Co		,	•	
		INDUSTRIES LLC			
SUBJEC	CT:	Name of Lin	nited Liability Company		
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	oondence concerning this matter	to the following:		
		Micah Jarnot			
			Name of Person		
			Firm/Company	<del></del>	
		1959 Hunters Cr			
		······	Address	<u> </u>	
		Wellington, FL 33414			
			City/State and Zip Code	<del></del>	
		micahjarnot@gmail.com  E-mail.address: (	to be used for future annual report notific	ration)	
For furth	er information	concerning this matter, please c	•	,	
		concerning this matter, prease e			
Micah Ja		0.0	at () 361-6703	77. 7 <u>.</u> (	
	Name	of Person	Area Code Daytime	Telephone Number	Ø
Enclosed	l is a check for	the following amount:		: %, ,	
<b>■</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Concertificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street Address: Registration Sect	ion	

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

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

JARNOT INDUSTRIES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000162481	were filed on 06/12/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1959 Hunters Ct	
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1959 Hunters Ct Wellington, FL 33414	
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, enter the name	of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	`	, ,
	Enter Florida street address	z. Ø
	, Florida	Zip Code <sup>5</sup>
New Registered Agent's Signature, if changing Registered Agent:		y ; -
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and This document is

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:

or removed from our record	<u>ıs</u> :		
MGR = Manager AMBR = Authorized Memi	Der		

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of filing:(optio	onal)	- : [
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to the date inserted in this block does not meet the applicable statutory filing requirements, this becument's effective date on the Department of State's records.	date will not be lis	15.0207 ( sted as t
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day aft	er the
August 2 2021		
ated August 2 , 2021		
August 2 , 2021  Signature of a member or authorized representative of a member		

Filing Fee: \$25.00