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COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: Jenny MC)	onald, LIC	· ·
, Nam	e of Limited Liability Company	
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	Jenny Shaw Name of Person	
	enny McDonald LL	C
12804	SE 8th Ave	
	Suille, FL 32641 City/State and Zip Code	
E-mari a	ddress: to be used for future annual report notif	rication)
For further information concerning this matter, p	please call:	
Jenny Shaw Jame of Person	at (<u>352</u>) <u>284</u> .	9686
Jame of Ferson	Aica Code 17ayuna	receptore rumber
Enclosed is a check for the following amount:		
\$25.00 Filing Fee		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Sec	ction

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jenny Mc Donald		(, 7, 5: 47
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL_Z_000_0\ <u>73234</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
	City	Florida Zip Code
	Cuy	гу Соне

New Registered Agent's Signature, if changing Registered Agent:

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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 2020 C 36 111 5: 47	Type of Action
MGR	William D. Shaw	12864 SE 8th Ave	X^\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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