## L20000 184657

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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	SEAN COBURN				
	Name of Person				
	JUPFIN LLC				
	Firm/Company				
	218 S US HIGHWAY ONE, SUITE 202				
	Address				
	TEQUESTA, FL 33469				
	·	City/State and Zip Code	<del></del>		
	E-mail address: (to	be used for future annual report notifi	cation)		
or further information co	oncerning this matter, please cal	II:			
SUSAN MASON		561 515-4555			
Name of	Name of Person		Telephone Number		
Enclosed is a check for th	ne following amount: CHE	uc was enclosed in	hirst package		
□ \$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		
Mailing Address:		Street Address:	•		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		•	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUPFIN	LLC.	
(Name of the Limited Li. (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2000018465</u>		6 30 2020 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	•	(
The new name must be distinguishable and contain the words.	(NO PERIOD AFTE	Signation "LLC" or the abbreviation "LLC"
		Name of the non-criation later.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	<u></u>
Sw	mc	CD :
		70 (1)
Enter new mailing address, if applicable:		P8 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
(Mailing address MAY BE A POST OFFICE BOX	)	် မ
Shul	<del>-</del>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ecords, enter the name of the new registered
Name of New Registered Agent:		
N B i.u 1 000 111		
New Registered Office Address:	Enter Florida street address	
Same		Charida
_	City	Florida Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of ed agent as provided for in C stered office address. I herel	my duties, and I am familiar with and hapter 605, F.S. Or, if 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		□Add
			□Remove
			□Remove
			□Change
		<del></del>	
		,,,	—————————————————————————————————————
			Change Ph
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□ Change

Typed or printed name of signee

SEAN CÔBÙ<del>RN</del>