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To:

Division of Corporations

Fax Number : (850) 617-6383

Erom:

Addount Name : WILSON TAX & ACCOUNTING INC.

Account Number : I10150000107 Phone : (941) 625-1925 : (941)625-1526 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: naplescott@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JRC OPERATIONS LLC

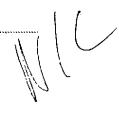
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRC OPERATION		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) hitty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	are filed on JULY 23, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fiabilit	y company here:	2020
URC OPERATIONS OF FLORIDA LLC The new name must be distinguishable and contain the words "Limited Liability	Company " the designation "I I C" or the	·
Enter new principal offices address, if applicable:	company, the designation latter of the	27
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		?
		<u>-</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and Lan ovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

2020-07-27 15:25 CDT 9416251526

+19416251526

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			CRemove
			□ Change
			□ Add
			□Remove
			□ Change
	· ·		□Add
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		••••	Change
			□Add
			□Remove
			: Chappe

. If amending	; any other information, c	enter change(s) here: (Attach additional sheets, if necessary.)

**********	***************************************	

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Note: If the c	te, if other than the date of late is listed, the date must be specialte inserted in this block do ffective date on the Departm	of filing:
he record speci ord is filed.	fies a delayed effective date,	t, but not an effective time, at 12 01 a.m. on the earlier of: (b) The 90th day after the
Dated	JULY 27	2020
*****	Signati	ture of a member of authorized representative of a member
		SCOTT STANDRIFF
*******	· } • • • • • • • • • • • • • • • • • •	Typed or printed name of signee

Filing Fee: \$25.00