L2000214221

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C. GOLDEN Aug 2 1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>08/20/2020</u> ** <i>WALE</i>					
ENTITY NAME JA FAMILY REAL ESTATE HOLDINGS LLC					
DOCUMENT NUMB	ER				
	PLEASE FILE 1	THE ATTACHED AND RETURN			
XXXX	Plaix Copy				
	Certified Copy				
	Certificate of Status				
	Certified Copy of Arts Certified Copy of Arts Certificate of Status	FOLLOWING FOR THE ABOVE ENTITY** s & Amendments s & Amendments Complete File (Including Annual Reports) Reflecting:			
COUNTRY OF DESTII NUMBER OF CERTIFI	NATION	NOTARIAL CERTIFICATION**			
TOTAL OWED \$ 25.	00	ACCOUNT # 120140000108 / United Corporate Services, Inc. ACCOUNT # 120140000108 / United Corporate Services, Inc. Any issues or concerns, Thank you so much!			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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

JA FAMILY REAL ESTATE HOLDINGS LLC

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(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000214221	were filed on JULY 21, 2020	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 designation "LLC" of	or the abbreviation "L.L.C."
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: Name of New Registered Agent:	oddress on our records, <u>enter th</u>	e name of the new register
	·	
New Registered Office Address:	Enter Florida street address	
	Plan	ida
·	, Flor	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 heing 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>	Name	Address	Type of Action
VP	JOSEPH CASTELLANA	4409 NORTHLAKE BLVD.	□ Add
		PALM BEACH GARDENS, FL 33410	≣Remove
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			DChange
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change

). If amer	ing any oth information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	date, if other than the date of filing:
the record	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	AUGUST 19 2020
	/s/ Samantha Hiltzik
	Signature of a member or authorized representative of a member
	SAMANTHA HILTZIK
	Typed or printed name of signee

Filing Fee: \$25.00