## 120000219402

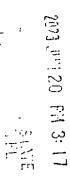
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## **COVER LETTER**

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TO: Registration Division of C			e.	
James Po	ik LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	James A Clements			
	4-11-1	Name of Person		
	Clements CPA Group PA			
		Firm/Company		
	60 Spring Vista Drive Suit	e A		
		Address		
	DeBary Fl 32713			
		City/State and Zip Code		1) 1) 1)
	Clementscpa@gmail.com E-mail address: (	to be used for future annual report no	otification)	; :
For further information	n concerning this matter, please c			20
James Clements		386 753 1160	ي د	黑山
Name	e of Person		ime Telephone Number	3: IT
Enclosed is a check for	r the following amount:			
□ \$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 enclose	
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Polk LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	***	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000219402}{1.0000219402}$ .	were filed on July 24 2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		,	
	<u></u>	: ، . ـــــدهــــــــد	
		O —	
Enter new mailing address, if applicable:	c/o Clements CPA Group PA		
(Mailing address MAY BE A POST OFFICE BOX)	60 Spring Vista Dr Suite A	ττο ω 	
	DeBary, Fl 32713		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	e name of the new registe	
New Registered Office Address:	Enter Florida street address		
	Llavida		
	City	daZıp Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and 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
A MBR	Joe Jeffries	3859 Tucks Point	≣Add
		Winter Park, Fl 32792	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			QĀdd
			□ Remove
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ffective date, if other than	the date of filing:		(option:	al)
an effective date is listed, the date	must be specific and cannot be	eprior to date of filing or more	e than 90 days after fil	ing.) Pursuant to 605.020
ote: If the date inserted in the	is block does not meet the a ie Department of State's rec	ppiicable statutory filing i fords,	requirements, this d	ate will not be usted a
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record specifies a delayed effe	ctive date, but not an effect	tive time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record specifies a delayed effer is filed.		tive time, at 12:01 a.m. on	the earlier of: (b)	
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record specifies a delayed effe l is filed.	· 2023	rauthorized representative of		

Filing Fee: \$25.00