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| subject: <u>112</u> | - Pompei, LL | → 100 | ţ. |
| <u></u> | Name of Lim | ited Liability Company | . |
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| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Matte | Name of Person | |
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| | | Firm/Company | |
| | 1105 W. | Yale Strut | |
| | Or land | Address OFL 32804 City/State and Zip Code | |
| | Plenglette | City/State and Zip Code \(\begin{align*} a |) fication) |
| or further information c | oncerning this matter, please ca | | |
| Matt Eng | lett f Person | at (40) 923- Area Code Daytime | e Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1) J. Pompe, LLC | any as it now appears on our records \ | |
|---|--|--------------|
| (A Florida Limited I | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000024435</u> | were filed on $8/11/2020$ and assign | ed |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ilin Canagan "the decimation "I I C" arche althonicia "I I C | |
| The new name must be distinguishable and contain the words. Timited Liabil | mry Company. the designation T.D.C. or the aboreviation "L.L.C | • |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | 20 OV | |
| | · 0V | , |
| | . 2 | _ |
| Enter new mailing address, if applicable: | | <u>;</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | , |
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| | ··· | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new re</u> | egistered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City 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 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 | Type of Action |
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| | Signatur | re of a member or | r authorized repre | esentative of a nu | mber | | | |
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