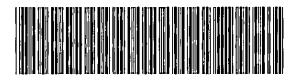
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
FLORIDA	JCA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Paul A. Blucher, Esq		
		Name of Person	
	Blucher Law Group, PLLC		
		Firm/Company	
	7300 Delainey Court		
		Address	
	Sarasota, Florida, 34240		
	pab@fifthamendment.com	City/State and Zip Code	
	· ·	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Paul A. Blucher		941 361-1145 at ( )	
Name o	f Person	at () Area Code Daytii	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	rporations
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA JCA, LLC

(218 25 ... 3119

If Changing Registered Agent, Signature of New Registered Agent

ompany were filed on <u>08/20/20</u> 	and assigned
ited liability company here:	
ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
<u> </u>	
l office address on our record	s, <u>enter the name of the new registere</u>
i office address on our record	
Enter Florida str	vet address
Enter Florida str	vet address
Enter Florida str	
	ited liability company here: ited Liability Company," the designat

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

Title	<u>Name</u>	Address	5: 69	Type of Action
				🗆 Add
				□Remove
				□Change
				🗆 Add
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			<u></u>	□Add
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				□Change

Jessica Lynn Abraham (1%)	Member), 301 East 69th Street, Apr. 3N, New York, NY 10021	ε: 1.9
		<del></del>
	08/24/2020	
ective date, if other than the effective date is listed, the date must	date of filing:(operated to date of filing or more than 90 days a	otional) Her filing.) Pursuant to 605.0207
	lock does not meet the applicable statutory filing requirements,	
difference date on the 17	epartment of state s records.	
wed exactting a dalayad affinitis	re date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The Olik day ofter the
s filed.	e date, our not an effective time, at 12.03 s.m. of the earlier of	(i) The 70th day after the
September 2	2020	
.7/	7/10/	
*/	U B	
	Signature of a member or authorized representative of a member	
B 14 D1 1 E		
Paul A. Blucher, Esq.		

Filing Fee: \$25.00