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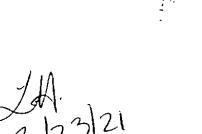
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SUBJECT: Jacqueine	Lori Properties, LLC Name of Lim	nited Liability Company	· · - — · —
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacqueline Lori Nissensoh	ın	
		Name of Person	
		Firm/Company	
	4610 Mirabella Place	Address	
	Lutz, FL 33558	, todaesis	
	avi.m.elias@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Avi M Elias		at (727) 639-1419	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is e
Mailing Addres Registration S	-	Street Address: Registration Sec	etion
Division of Corporations		Division of Cor	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T	allahassee Street Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION **OF**

Jacqueline Lori Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number ____ 1.200-002 59791 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jacqueline L Nissensohn LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev 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 address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 t provisions of all statutes relative to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address. I hereby confirm that the limited company has been notified in writing of this change.

MGR = M	lanager		
<u>Title</u>	Name \		Address
		<u> </u>	
			
		-	

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•	
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(If an ef Note:	ive date, if other than the date of filing:
the recordis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t led.
Dated	1/14/2021 2021
	Signature of a member or authorized representative of a member
	Tacque line Missensohn Typed or printed name of signee