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(Re	questor's Name)	
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(Bu	siness Entity Nan	ne)
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TO: Registration Solution of Con			. i
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SUBJECT:	AE-41.	LLC	
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Mark F. Dahle, Jo	г.	
		Name of Person	
	Fabian VanCott		
		Firm/Company	
	215 South State	Street, Suite 1200	
		Address	
	Salt Lake City, U		
		City/State and Zip Code	
	mdahle@fabiany E-mail address: (to be used for future annual report notif	ication)
For further information (concerning this matter, please ca	all:	
Mark F. Dahle,		at (<u>801</u>) <u>531-890</u>	
Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	the following amount:		
Ճ \$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)
Mailing Address:		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AE-41, LLC	3
(Name of the Limited L (A F	jability Company as it now appears on our reco lorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabil	ity Company were filed on10/13/202	0 and assigned
Florida document number <u>L20000325079</u>		0.03
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
AE-41 J&S, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
	T	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	· ·
	r.nier r torida street addi	(CD)
_	, I	Florida Zip Code
	CHÝ	гир Соав

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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			\(\sim \text{Remove}\)
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			□Change
			□Add
			□Remove
			□Change

). If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
12.1	
	
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(If an effective Note: If the	date, if other than the date of filing:
f the record specord is filed.	pecifies 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	October 22 2020
	Mah Fally
	Signature of a member or authorized representative of a member
	Mark F. Dahle, Jr.

Filing Fee: \$25.00