L20000325092

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	—
Certified Copies Certificates of Status	
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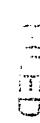
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COVER LETTER

Division of Corpo		•	•	
OLIN IN CIT	AE-59	·	•	
SUBJECT:		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.		
	dence concerning this matter	-		
	Mark F. Dahle, Jr	Name of Person		
	Fabian VanCott			
		Firm/Company	 	
	215 South State	Street, Suite 1200		
		Address		
	Salt Lake City, U	JT 84111 City/State and Zip Code		
	mdahle@fabian	vancott.com to be used for future annual report not	(Gordon)	
For further information con	cerning this matter, please c		antation)	
Mark F. Dahle, Jr		at (<u>801</u>) <u>531-89</u>	900	
Name of F	Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for 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 enclosed)	
<u>Mailing Address:</u>		Street Address:		
Registration Section		Registration Section		
Division of Cor P.O. Box 6327	rporations	Division of Corporations The Centre of Tallahassee		
Tallahassee, FI	_ 32314		be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

	AE-59, LLC		
(Name of the Limited	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	0/4
The Articles of Organization for this Limited Liab	oility Company were filed on _	10/13/2020	and assigned
Florida document number <u>L20000325092</u>	·		ن ف م
This amendment is submitted to amend the follow	ring:		03
A. If amending name, enter the new name of t	he limited liability company	here:	
AE-59 J&S, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		records, <u>enter the</u>	name of the new registere
New Registered Office Address:	Enter F	lorida street address	
		Ti	1_
		, Floric	18

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 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
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			\ Remove
			□ Change
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			□ Changa

Effective date, if other than the date of filing: (if an effective date is lated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note; If the date instead in this block dues not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated October 22 2020	If amendin	g any other information,	enter change(s) her	re: (Attach addition	al sheets, if necess	ary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.		·				
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Dated October 22 2020 .		cifies a delayed effective date	e, but not an effective t	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
	Dated	October 22		·		
Mah Fally			1 Mah I	Pally		
Signature of a member or authorized representative of a member	_	Signa	iture of a member or futl	iorized representative o	f a member	
Mark F. Dahle, Jr. Typed or printed name of signee	_					

Filing Fee: \$25.00