L20000331415

(Re	equestor's Name)	
(Ad	ldress)	
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. (Cit	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/01/2020	
Name:		_
Reference #		_
Entity Name	JAYHAWKE	R HOLDINGS, LLC
Articl	es of Incorporation/Authorization	to Transact Business
✓ Amer	ndment	
☐ Chan	nge of Agent	
Reins	statement	
☐ Conv	version	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized A	Amount: \$25.00	
Signature:	\mathcal{L}	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/01/2020	
Name:		_
	#: 1296533	<u></u>
Entity Name	e:JAYHAWKE	R HOLDINGS, LLC
	les of Incorporation/Authorization	
✓ Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
Fictit	ious Name	
Othe	er	
Authorized Signature: ₋	1 /	

COVER LÉTTER

TO: Registration S Division of Co			
JayHawke	r Holdings, LLC		
SUBJECT:	Name of this	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter		
	Justine Lanciault		
		Name of Person	
	Lewis Rice LLC		
		Firm/Company	
	600 Washington Ave., Sui	te 2500	
		Address	*****
	St. Louis, MO 63101		
		City/State and Zip Code	
	jlanciault@lewisrice.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	itication)
Justine Lanciauit		314 444-1389	
Name (of Person	at ()	re Felephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u>55:</u>	Street Address:	
Registration:	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee,			e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JayHawker Holdings, LLC			
(Name of the Limited Liability Compa (A Florida Limited E	n <u>y as it now appea</u> lability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000331415	were filed on 10	/27/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company ho	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the c	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			POZEDEC
Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)		.,	
		•	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, enter the nan	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
	·	Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of rovided for in (°my duties, and Lam _i Thapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
MGR	Robert L. Bennett Jr.	2837 Capistrano Way	⊒Add
		Naples, FL 34105	□Remove
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	-2
			Remove : 9 -EChange
			□Add
			□Remove
			□ Remove
			□Change
			□Add
			□Remove
			□Сһапес

rective date, if other than the date of filing: (optional) neffective 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 605.02 teg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed rument's effective date on the Department of State's records.	20	
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cument's effective date on the Department of State's records.	e date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to construct the date will not be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	o 605,020 e listed a
reord 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	effective date on the Department of State's records.	
cord 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		
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
s filed.		
2070	2//30	
Signature of a member or authorized representative of a member	12/1/2070	
Kuraka M. Demett	Kurde M. Demed	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	_
Linds M. Rennett, Tructee of The Robert L. Rennett Ir. Family Truck AMIDD	•	
Typed or printed name of signee	Linda M. Bennett, Trustee of The Robert L. Bennett Jr. Family Trust, AMBR	

Filing Fee: \$25.00