## L20000387491

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## **COVER LETTER**

TO: Registration S Division of Co			
JSM Inves	stment Holdings #4, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Joel S. Manings		
		Name of Person	
	JSM Investment Holdings	#4, LLC	
		Firm/Company	
	465 Capri Blvd.		2023 SEI TJ
		Address	
	Treasure Island, FL 33706		8 -0
	jmanings@aol.com	City/State and Zip Code	2023 FEB 10 PM 2: 48 SECRATIVATOR STATE TALLIFICATION fication)
		to be used for future annual report noti	fication) 2
For further information	concerning this matter, please co	all:	H
Joel S. Manings		727 430-1348	
Name	of Person		e 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)
Mailing Addr		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSM Investment Holdings #4, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	5.)
The Articles of Organization for this Limited Liability Compa	nny were filed on 12/11/2020	and assigned
Florida document number L20000387491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation SL.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		89 7
Enter new mailing address, if applicable:		E S S
Mailing address MAY BE A POST OFFICE BOX)		31. 8 #
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<b>S</b>
		orida
	City	Zip Code

## 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
MGR	Vanessa L. Manings	465 Capri Blvd., Treasure Island, FL 33706	🗏 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add Removes
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(If an effecti Note: If	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing on it's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to requirements, this date will not be	605.0207 (3 listed as th
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on i.	the earlier of: (b) The 90th day a	ifter the
Fe Dated	ebruary 2, 2023		2
Dated	111	SECRITALL AND A MEMBER AS A ME	والمراك
	Signature of a member or authorized representative of	a member	
	Loui Manings		'n
	Joel Manings	PH PH	1 1 4

Filing Fee: \$25.00