Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP

Account Number : I20190000014 Phone : (904)660-0020 Fax Number : (904)660-0029

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAXJOECO, LLC

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Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

COVER LETTER

TO:		istration Sect sion of Corpo	·	121000267039	3		
SUBJE		JAXJOECO,	LLC				
			Name of Lim	uted Liability Company		···	
The end	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn	all correspond	dence concerning this matter	to the following:			
			MARK CANFIELD				
Name of Person							
			LIPPES MATHIAS WEX	LER FRIEDMAN LLP			
				Firm/Company			
			10151 DEERWOOD PAR	K BLVD, BLDG. 300, ST	E. 300		
				Address			
			JACKSONVILLE, FL 322	256			
	City/State and Zip Code MCANFIELD@LIPPES.COM						
E-mail address (to be used for future annual report notification)							
For furt	her in	formation cor	icerning this matter, please c	ail:			
MARK	CAN	FIELD		904 660 Area Code	-0020 X 523		
		Name of F	Person	Area Code	Daytime Telepho	one Number	
Enclose	:d 15 a	check for the	following amount:				
□ S 25	5.00 F:	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION OF

JAXJOECO, LLC		
(Name of the Limited Liability C	ompany as it now appears on our records. nited Liability Company))
(A Florida Lin	med Liabinty Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/16/2021	and assigned
Florida document number L21000062853		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
		2 821
Enter new mailing address, if applicable:	 	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		5- 6
		<u> </u>
		ja <u>a</u> 🕮
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		
		ν. en
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Estat Elanda de Anna de Anna	
	Enter Florida street address	
	, Flor	rida Zıp Code
	City	2.0 2042

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 criter the title chame, 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	JOSEPH SANTORO	91 GREAT HILL ROAD, NAUGATUCK, CT 06770	_ ■Add
			_ DRemove
			_
			□Add
			_ □Remove
			_ □Change
			_ □A66
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D. If amending any other information, enter change(s) here: (Attach additional shears, if necessary.)

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