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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

Conti	Address:			
このペイナ	MUUI 635.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **JGP FAMILY HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	City	Zip Code
		_, Florida
New Registered Office Address:	Enter Florida street a	address
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	<u>nter the name of the new registere</u>
(Malling address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation '	'LLC" or the abbreviation "L.L.C."
JGP OF SOUTH FLORIDA, LLC		
A. If amending name, enter the new name of the limited lie	ability company here:	
This amendment is submitted to amend the following:		;
Florida document number L21000063446		
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/15/2021	and assigned
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our red Liability Company)	corda.)
JOP FAMILY HOLDINGS, LEC		

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.

☐ 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	·		□Remove
	•		Change
			□ Add
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			☐ Change
	:		□Remove
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	date of filing: be specific and co ock does not mer spartment of Sta	annot be prior to et the applica- te's records.	o date of filing or ble statutory fil	more than 90 day ing requiremen	(optional) s after filing.) I is, this date w	Pursuum to 605 ill not be list	.0207 (3 ed as th
If the record specifies a delayed effective			ne, at 12:01 a.1	n. on the earlier	of: (b) The	90th day afte	er the
If the record specifies a delayed effective record is filed.	e gate, out not a	и спесите и	• •				
Dated	,	2021	······································				
14	Signature of a m	nember or autho	orized represente	tive of a member			

Filing Fee: \$25.00