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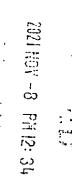
(Red	questor's Name)	<u>.</u>
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



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A. BUTLER NOV 1 8 2021

COVER LETTER

TO:

TO: Registration Se Division of Cor			
J2415, LLC			
SUBJECT:		iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Grier		
		Name of Person	
	J2415, LLC		
		Firm/Company	
	PO Box 16268		
		Address	
	Panama City, FL 32406		
	pseangrier@gmail.com	City/State and Zip Code	
	·	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Sean Grier		850 5960906	
Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, I	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J2415, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/15/202}{1.5}$. and assigned 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 "LEC" or the abbreviation "L.E.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Tyler Grier	1710 Stephens Ave	■Add
		Panama City, FL 32401	7-
			□Change
			□Add
			□Remove
			□ Change
			□Add
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ffective date, if other than th	e date of filing	<u> </u>			ptional)	4050505
an effective date is fisted, the date in ote: If the date inserted in this b						
ocument's effective date on the			·	-		
record specifies a delayed effect	ive date, but not	an effective tir	ne, at 12:01 a.m	on the earlier o	f: (b) The 90th day	y after the
l is filed.						
Nov 4		2021				
ated Nov 4	 	·	_·			
		-	rized representativ			_

Typed or printed name of signee