L21 000 114505

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COVER LETTER

TO:

Registration Section

Division of C	orporations			
	OPERTIES LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	_
	of Amendment and fee(s) are sub pondence concerning this matter	•		·
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC	Name of Person		FILE 2021 JUL 26 SEGRETARY
		Firm/Company		
	17350 STATE HWY 249	STE 220		公司 - 111
		Address		THE ST CO
	HOUSTON, TX 77064			TATE -
		City/State and Zip Code	<u>-</u>	 ' '
	EFILE1234@INCFILE.CO)M		
	E-mail address:	to be used for future annual report noti	fication)	_
For further information	concerning this matter, please of	all:		
LOVETTE DOBSON		888 462-3453		
Name	of Person	at () Area Code Daytim	e Telephone Num	ber
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy anal copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OPERTIES LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability CorFlorida document number L21000114505	mpany were filed on 03/10/2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
JECO HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbrevistion "L.L.C."
Enter new principal offices address, if applicable:		821 J
Principal office address MUST BE A STREET ADDRE	ESS)	
		56. 14.
Enter new mailing address, if applicable:		E.F. STA
Mailing address MAY BE A POST OFFICE BOX)		77 -
Muning university DEAT OF OTTICE BOAY		-
		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter the r</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	L
	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 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
		-	□Remove
			□Change
			□Add
		□Remove	
			S DChange
			Fladd 7
			Remove F. S. Z. Change
			□Remove
			□Change
			
		Compensed Change Compensed Compense	
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			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the becument's effective date on the Department of State's re-	e prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be list)5.020 sted a
record specifies a delayed effective date, but not an effective date, but not an effect is filed.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
mated May 30 , 2021		
Jonnor Delsal Signature of a member of		
Signature of a member of	r authorized representative of a member	