## L21000136720

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R. HUNT

## **COVER LETTER**

TO: Registration S Division of Co					•	
	MILY, ELC					
SUBJECT:	Name of Lin	nited Liability Company		<del>.</del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	JAMES T. THOMPSON.	IV				
	_	Name of Person				
		Firm/Company		_		
	4926 Gray Owl Terr					
		Address			7-3 7-3 3	
	Palmetto, FL 34221				3 ;	
	thompsoniv.tony@gmail.cc	City/State and Zip Code om		_ ` _ <del>, ,</del>	ÇD	
	E-mail address: (	to be used for future annual report noti	fication)	- 171	=======================================	į
For further information	concerning this matter, please c	all:			PH 3: 46	
JAMES T. THOMPSO	N, IV	724 977-2981		12.1	S	
Name	of Person		e Telephone Numb	per .		
Enclosed is a check for t	the following amount:					
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of St ed Copy sal copy is e	itus &	
Mailing Addre Registration Division of C 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	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JST & FAMILY, 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  $\frac{3/23/2021}{1}$ and assigned Florida document number 1.21000136720 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 "LLC." 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.

env

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

. 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	JAMES T. THOMPSON, IV	4926 Gray Owl Terr	□Add
		Palmetto, FL 34221	□Remove
			≣Change
			□Add
			□Remove
			Change
			DAdd T
			To⊒Remove  1.75 ↔  1.75 ↔  1.75 ← □ Change
			□Add
		<del></del>	⊒Remove
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fective date, if other than	the date of filing:		(op	tional)		
n effective date is listed, the date ote: If the date inserted in th	e must be specific and cannot be his block does not meet the ap he Department of State's reco	prior to date of filing or pplicable statutory fil	more than 90 days af	er filing.) l	Pursuant zill not l	to 605,020 se listed a
ecord specifies a delayed eff	ective date, but not an effecti	ve time, at 12:01 a.m	, on the earlier of:	(b) The	90th da	y after the
ted 4/06	2023					
···		······································				

Typed or printed name of signee