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T. MATTHEWS JAN 25 2022

COVER LETTER

| | stration Sec sion of Corp | | | | | |
|-----------------|------------------------------|--|---|--|--|--|
| SUBJECT: _ | Vonjekyllart | LLC | | | | |
| SUBJECT: _ | . = | Name of Limited Liability Company | | | | |
| The enclosed a | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return a | all correspor | idence concerning this matter | to the following: | | | |
| | | Jerret Matos | | | | |
| | | | Name of Person | | | |
| | | Vonjekyllart LLC | | | | |
| | | | Firm/Company | ··- | | |
| | | 6246 Gloucester rd | | | | |
| | | | Address | | | |
| | | Jacksonville FL 32216 | | | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | | vonjekyllart@gmail.com | to be used for future annual report no | ntification) | | |
| For further inf | ormation co | ncerning this matter, please co | • | on the state of th | | |
| Jerret Matos | | | 904 233-7035 | | | |
| | Name of | Person | at () Area Code Dayti | me Telephone Number | | |
| Enclosed is a | check for the | e following amount: | | | | |
| ■ \$25.00 Fil | ling Fee | ☐ \$30.00 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) | | |
| | ing Address istration S | | Street Address: Registration S | ection | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vonjekyllart LLC

22 31 17 13 3:35

(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 April 09, 2021 and assigned Florida document number 1.21000166008 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." 6246 Gloucester Rd. Enter new principal offices address, if applicable: Jacksonville, FL 32216 (Principal office address MUST BE A STREET ADDRESS) 6246 Gloucester Rd. Enter new mailing address, if applicable: Jacksonville, FL 32216 (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: 6246 Gloucester RD.

Enter Florida street address New Registered Office Address: JACKSONUILE Florida 32216

City Zin 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> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|------------------------|----------------|
| AMBR | Dylan Mitchell | 6246 Gloucester Rd | = Add |
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| he recor ord is fi | | yed effective date | , but not an e | ffective time | , at 12:01 a.m. or | the earlier of: (b) | The 90th day a | after the |
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