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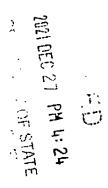
A. RIVERS

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COVER LETTER

TO:	Registration S Division of Co	Section orporations			
SUBJEC	***	ANAGEMENT LLC			
SOBJEC	1;				
The enclo	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please ret	urn all corresp	ondence concerning this matte	r to the following:		
		BRIAN BOARD			
			Name of Person		
		BOARD CERTIFIED AC	COUNTING, INC.		
			Firm/Company		
	1701 E. ATLANTIC BLVD. STE 4				
		*	Address		
		POMPANO BEACH, FL	33060		
		BRIAN@BOARDACG.CC	City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For further	r information o	concerning this matter, please c	all:		
BRIAN B	OARD		954 941-1160 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00) Filing 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)	
R D P	Lailing Addres egistration S vivision of C O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMMS MANAGEMENT LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000173846</u>	my were filed on 04/14/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." or the abbreviation "L.L.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 officagent and/or the new registered office address here:	e address on our records, enter the name of the new register
Name of New Registered Agent:	2
New Registered Office Address:	Enter Florida street address 77 2
	Enter Florida street address 57 2

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 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
MGR	MITCHELL SIROTA	24686 ROSEBAY TERRACE	■Add
		ALDLE, VA 20105	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not meet the app	licable statutory filir	(optional ore than 90 days after filin g requirements, this dat) g.) Pursuant to 605.0207 (e will not be listed as th
e record specifies a delayed effective ord is filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
DECEMBER 17	2021			
	Man			

Typed or printed name of signee

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