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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
	I BAR K. LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jury G Krajack, Sr.		
		Name of Person	
	DOUBLE J BAR K, LLC		
		Firm/Company	
	8625 97th Ave		
		Address	
	Vero Beach, FL 32967		
	 -	City/State and Zip Code	
	jury@krajack.com —		
		to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	
Jury G Krajack, Sr		772 480-9890	
Name o	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration 9		Street Address: Registration S	Section
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE J BAR K, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000193496</u> .	were filed on 04/26/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" 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)	
	22
	- -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
The state of the s	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

Zip Code

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	Joann E Quail Trust	8646 105th Ave	
		Vero Beach, FL 32967	■Remove
			□Change
AMBR	Lloyd S Quail Trust	155 E Kiawa LN	≅ Add
		Paulden, AZ 86334	□Remove
			□Change,
		•	DAdd
			☐Remove
			□Change
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record specifies a delayed effective d is filed.	ate, but not an effective time, a	at 12:01 a.m. on the earlier of	ft (b) The 90th day after the
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Filing Fee: \$25.00