L21000219832

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(City	//State/Zip/Phone	÷ #)
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SECRETARY OF STAT

COVER LETTER

TO: Registration Sect Division of Corpo				
JMX BRANI SUBJECT:	OS PROPERTIES , LLC			
SUBJECT:	Name of Lim	ited Liability Company	, , -	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	BURT ROMANOFF			
		Name of Person		
	BURT ROMANOFF ESQ	PA		
		Firm/Company		
	4485 GULF OF MEXICO DRIVE SUITE 702			
		Address		
	LONGBOAT KEY, FL 34	228		
		City/State and Zip Code		
	BURT@BURTROMANOF			
	E-mail address: (to be used for future annual	report notification)	
For further information cor	ncerning this matter, please co	all:		
BURT ROMANOFF			5-9505	
Name of I	Person	at () Area Code	Daytime Telepho	one Number
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 encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	idress:	

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 2921 JUN 17 PM 3: 42 **OF**

FLED

SECRETARY OF STATE TALLAHASSEE, FL

JMX BRANDS PROPERTIES . 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 May 11, 2021	and assigned
Florida document number L21000219832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
JMX BRANDS PROPERTIES II, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or register		e name of the new registe
agent and/or the new registered office address here:	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	daZip Code

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
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E. Effective date, if other than the date of filing: May 10, 2021 (optional)	_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: May 10, 2021 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed. Dated June 16 2021	-		
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Dated			r the
Signature of a member or authorized representative of a member	Dated	June 16 . 2021	
BURT ROMANOFF		The state of the s	

Filing Fee: \$25.00