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| PICK-UP                   | WAIT              | MAIL      |
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| Certified Copies          | Certificates      | of Status |
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## **COVER LETTER**

| O: Registration Section Division of Corporations  |  |
|---|--|
| SUBJECT: Jules Poper 4 investments LLC Name of Limited Liability Company  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |  |
| Please return all correspondence concerning this matter to the following:   |  |
| Devrice Jeson   |  |
| ranc of repon   |  |
| Firm/Company  |  |
| 60 SW Millard W   |  |
| City/State and Zip Code  J. T. P.C., L.L.C. G. Frand. Com  E-mail address: (to be used for future annual report notification)   |  |
| or further information concerning this matter, please call:   |  |
| Name of Person at (Sol ) 598-0483  Area Code Daytime Telephone Number   |  |
|   |  |
| inclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee \& \Bigsquare \\$55.00 Filing Fee \& \Bigsquare \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) |  |
|   |  |

## Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address:

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

| (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 24 <sup>th</sup> 2021 and assigned  |
| The Articles of Organization for this Limited Liability Company were filed on May 24 2021 and assigned  |
| Florida document number <u>L 21000 240553</u> .   |
| 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here: |
| agent androt the new registered office address nere.  |
| N. CN. D. T. 14   |
| Name of New Registered Agent:   |
| New Registered Office Address:  |
| Enter Florida street address  |
|   |
| 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> | <u>Name</u>       | <u>Address</u>        | Type of Action |
|--------------|-------------------|-----------------------|----------------|
| MGR          | Deince Mcs        | 6/0 Sw millard Dr     | XAdd           |
|              |                   | port st luie fl 34953 | □Remove        |
|              |                   |                       |                |
| AMBR         | Donelle jean-Luis |                       |                |
|              |                   | art St Lie (1 34959)  | □Remove        |
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| ective          | date, if other<br>we date is listed, th | than the dat    | e of filing   | g:            | prior to date c | of filing or me | ore than 90 da   | (optional | d)<br>ng.) Pursuant te                | 5 605.020°   |
| <u>te:</u> If t | he date inserted<br>'s effective date   | l in this block | does not m    | neet the app  | plicable sta    |                 |                  |           |                                       |              |
| uncn            | S CHECHIC GAIC                          | . On the Depar  | tine in Or 3  | tate s reco   | ius.            |                 |                  |           |                                       |              |
| cord sp         | ecifies a delaye                        | d effective da  | te, but not   | an effectiv   | re time, at 1   | 12:01 a.m. o    | n the earlie     | r of: (b) | The 90th day                          | after the    |
| s filed.        |   | L //            |               |               |                 |                 |                  |           | ·                                     |              |
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|                 |   | Sign            | nature of a n | nember or a   | uthorized re    | presentative (  | of a member      |           |                                       |              |