L21000263320

| (Re | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (Ad | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nan | ne) |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2022 APR -1 AM 8: 24 SECULIARISSEE, FL

of Hirelaux

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Dylan Moore Name of Person |
| MCCV, D. L. C. |
| 315 W. OSborne Ave |
| City/State and Zip Code |
| For further information concerning this matter, please call: |
| Name of Person at (E13) 760-773 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

| JLI Girbom | 2022 APR - 1 AM 8: 24 |
|---|---|
| (Name of the Limited Liability Compar (A Florida Limited L | inhilite ('annana) |
| (************************************** | TAL LALLASSEE, FL |
| The Articles of Organization for this Limited Liability Company | were filed on 06/07/1002/ and assigned |
| Florida document number <u>L 21000 263320</u> . | , , |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | 15532 Timberline Dr. |
| (Principal office address MUST BE A STREET ADDRESS) | Timor & 32624 |
| Trittepus office maneem meets in the meets and meets | |
| | |
| Enter new mailing address, if applicable: | 15532 Timberline Dr. |
| · · · · · · · · · · · · · · · · · · · | Tana ca fl 33624 |
| (Mailing address MAY BE A POST OFFICE BOX) | 794711 · C . DOC |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| B. If amending the registered agent and/or registered office a | ddress on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| | 0.000 |
| Name of New Registered Agent: | an moore |
| New Registered Office Address: 1553 | 7 Timberline Dr. |
| | Enter Florida street address |
| Tampo | Florida 33624 |
| | City Zip Code |
| New Penistered Agent's Signature if changing Penistered Agent: | |

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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Title Name **Address** 3813 GUE BILD DAG MGR Krystal Burnett Saint Dete Beach, Ft. 33706 Kremove 1000 315 W. OSborne Madd MGR Dylan Moore Ave Tampa, Fl 33603 DRemove _____ Change □Change __ □Remove _____ Change ___ □Remove ☐ Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| * I just want to make Sure that |
| Krystal Burnett 15 TAKEN OFF |
| of the 11c. |
| and that Dulan moore |
| 15 the Olynor OF the 110 |
| (MIDD OF TIC |
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| In Krystal Burnett, have Signed this paperwork/Correction, to |
| this Dager work Correction, to |
| remove muse & completely from |
| Mario |
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| |
| - 16 Jun - |
| |
| E. Effective date, if other than the date of filing: |
| 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 03/26/2022. Signature of a member or authorized representative of a member |
| Dylan Moore / Krystal Burnett |