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T. MATTHEWS DEC -8 2021

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: <u>J&L</u>	Jasons Propert	y Mantenance LLC	
	Amendment and fee(s) are submidence concerning this matter t		
	Jeffrey Musen	Name of Person	
	JEL Masons P	roperty Mountenance Firm/Company	e iic.
	2307 Freemason	S S Address	
	Laheland FL	33861 City/State and Zip Code 6, 40041. Corv. to be used for future annual report noti	
	Joffrey george 646	Egnal. Corv	fication)
For further information co	oncerning this matter, please co		
Jeffrey Mason Name of	Person	at (^C 167) \$66 3\$ Area Code Daytim	i & C) e Telephone Number
Enclosed is a check for th	e following amount:		
·≊ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 NOV 22 PH 3: 21

The Articles of Organization for this Limited Liability Company were filed on Sens 15, 2621 and assigned Florida document number 1210062 77730.

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 "L.C." or the abbreviation "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 office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street (address
		, Florida
	Cuv	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		21 HOV 22 PH 3: 21	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 HOY 22 PH 3: 21	Type of Action
<u>ap</u>	Lessa Mason	2307 Fre	emason st Lakeland F	
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fective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
an effective date is listed, the date must be specific and cannot be ofer. If the date inserted in this block does not meet the ar	prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (pplicable statutory filing requirements, this date will not be listed as t
ocument's effective date on the Department of State's reco	
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed.	
ated 11/19/21 . 12 SI	<u>pm</u> .
ated $11/19/21$. 12.51 Left Mr. Signature of a member or	
Jul- the	
Signature of a member or	authorized representative of a member
Setting Mason Typedor	