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A. BUTLER
JAN 2 0 2022

COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:	J5 Financia	Services ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Jackson J5 Fina	Name of Person NUAL SCAVICES Firm/Company	
		Ene Valley Dry Address	
	<u>Clermor</u> <u>Jayduce 5</u>	City/State and Zip Code City/State and Zip Code Code	cation)
For further information co	ncerning this matter, please ca	,	
Jackson Jo Name of	Person Person	at (UDN) 927- Area Code Daytime	8591 Telephone Number
Enclosed is a check for the	following amount:		
W. \$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)
Mailing Addross		Street Address	

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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

J5 Fina	ncials	Services	1 9 - 11 LULE U 14	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on cliability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on	5 - 114 ap	_ and assigned
lorida document number				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he <u>re</u> :		
NILA				
'he new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designa	ition "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	ıble:	NA		
Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:		NA		· <u>-</u>
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
				
3. If amending the registered agent and/or re	aintanal affica		ds antar the name	of the new regist
 If amending the registered agent and/or registered office addres 	• •	address on our record	us, enter the hame	of the new regist
	MA			
Name of New Registered Agent:				
New Registered Office Address:	NIH			
		Enter Florida st	reet address	
		City	, Florida	Zin Codo
		Cuy		лір Соше

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JacksonJacques	13161 Sevene Valley Dr	1 √C □Add
		Clermon+FL34711	
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			□Add
			□Remove
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m effec o <mark>te:</mark> If	tive date is liste the date inse	her than the ed, the date mu- erted in this bl date on the D	st be specific ar lock does not	nd cannot be p meet the ap	rior to date of plicable stati	filing or mor	e than 90 da requiremer	es after filin	g.) Pursuant i	to 605.020 e listed a
ecord is filed		layed effectiv	e date, but no	ot an effectiv	ve time, at 12	2:01 a.m. or	the earlier	of: (b) 1	The 90th day	y after th
ited _	29#	Decemb	1	. 202	<u>. l</u> .					
			Signature of	1/4			fa mambar			_
		/ /	- Signaturc/of 3	ampiniter or a	iutnorizea rep	певещануе о	i a member			