L21000387389(Requestor's Name) (Address) 600414503666 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 08/28/23--01037--018 **30.00 (Business Entity Name) (Document Number) Certified Copies Certificates of Status _ 2023 AUG 28 Special Instructions to Filing Officer: PH 12: 5 R. HUNT R. HUNT 08/28/23 Office Use Only

COVER LETTER

TO:	Registration Section
	Division of Corporations

estments, LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Area Code Daytime Telephone Number ulie A

Enclosed is a check for the following amount:

□ \$25,00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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

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JJR Property (Name of the Limited Liability Compar (A Florida Limited L	Westments is as it now appears on our records. Iability Company)	LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>EIN 87-2458791</u> .	were tiled on <u>830 202</u> date	<u>\</u> and assigned
This amendment is submitted to amend the following:		
X. 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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u></u>		
		2023
Testas many malling address. If could address		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B . If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter th</u>	e name of the new register
agent and or the new registered office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:	- ·	
	Enter Florida street address	
	, Flor	ida
	City	Zip 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</u> being adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
種			🗆 Add
			🗆 Remove
			□Change
AMBR	Julie A. Cokenaur	14780 CR 250 Live Oak, FL	🗆 Add
		~	PRemove
			□Change
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			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (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 August 25	2023.
Palie G.	Collenatorized representative of a member
Signature of a me	mber or authorized representative of a member
Julie A.	Cokencur
1	vped or printed name of signee