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Division of Corporations Fax Number : (850)617-6383

From:

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÷	Email Address: <u>nicole.zaworska@phelps.com</u>		· fij Zg	2821
-	LLC AMND/RESTATE/CORRECT OF JESAL HOLDINGS, LL	.С	ALMAY ALMSSE	1 DEC 13
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PHELPS DUNBAR LLP 813-472-7570 2021/12/13 16:00:25 2 /5

COVER LETTER

(((H21000453560 3)))

TO: Registration Section Division of Corporations

JESAL HOLDINGS, LLC

SUBJECT:

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:

Nicole Zaworska, Esq.

Name of Person

Phelps Dunbar LLP

Firm'Company

100 South Ashley Drive, Suite 2000

Address

Tampa, FL 33602

CityState and Zip Code

nicole.zawoiska@phelps.com

E-mail address: (to be used for future a noual report notification)

For further information concerning this matter, please call:

 Nicole Zaworska, Esq
 813
 222-7667

 Name of Person
 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 & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Cepy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

(((H210004535603)))

(Name of the Limited Lisbility Comps	any as it now appears on our records.) Liability Company)		
(A FIORIA Limitea)	Labinty Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/10/2021 and assigned		
Flonda document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the albreviation "LLC."		
Enter new principal offices address, if applicable:	425 B. Mary Esther Cutoff NW		
Principal office address MUST BE A STREET ADDRESS	Fort Walton Beach, FL 32548		
Enter new mailing address, if applicable:	425 B. Mary Esther Cutoff NW		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Walton Beach, FL 32548		
B. If amending the registered agent and/or registered office: agent and/or the new registered office address here:	address on our records, enter the name of the new regist		
agent and/or the new registered office address here.			
Name of New Registered Agent:	sther Cutoff NW		

New Registered Office Address:	425 B. Mary Esther Cutoff	NW	SS: N:N	<u>-</u>	
<u>Her ragiotera entre interior</u> .	Ent	er Florida street address		2	ED
	Fort Walton Beach	, Florida	32548 c v		
	Ciŋ				
	Desistand Assets		1	S	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

PHELPS DUNBAR LLP 813-472-7570 2021/12/13 16:00:25 4 /5

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records: (((H21000453560 3)))

MGR = Manuger AMBR = Anthorized Member

<u>Title</u>	Name	Address	Type of Action
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			QAdd
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			Пслоче
			□Change

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

		<i>.</i>
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		<u>.</u>
E. Effective date, if other than the date of filing:		
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to <u>Note:</u> If the date inserted in this block does not used the applica.	o date of itling or more than 90 days after filing.) P	ursuant to 605.0207 (5 (0))
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document's effective date on the Department of State's records.		
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record is filed.		
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Signature of a member or author	nzed representative of a member	
		11: 05 TATE ORIDA
Nicole Zaworska, Esq.		5 m 5
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Typed or printed name of signee