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(Requestor's Name)
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A. BUTLER
JAN - 6 2022

COVER LETTER

TO:	Registration Se Division of Cor				
CHDIE	CT.		JCC LLC		
SUBJE	ECT:		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
			Firm/Company		
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
			City/State and Zip Code		
		EFILE1234@INCFILE.CO			
For fur	her information co	e-mail address: (i oncerning this matter, please ca	to be used for future annual repail:	port notification)	
LOVE	LTE DOBSON			162-3453	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclose	ed is a check for the	e following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 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

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KJCC LLC	MILESO DO LIAL
(<u>Name of the Limited Lia</u> (A Flo	<u>bility Company as it now a</u> rida Limited Liability Comp	appears on our records:)
The Articles of Organization for this Limited Liability Florida document number L21000504495	y Company were filed c	on 11/29/2021
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability compa	any here:
The new name must be distinguishable and contain the words "l	Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		our records, <u>enter the name of the new register</u>
Name of New Registered Agent:		,
New Registered Office Address:		
	Ente	er Florida street address
<u> </u>		, Florida
	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, 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
AMBR	MARTY WOHL	502 N CENTRAL AVE	
		AVON PARK, FL 33825	■Remove
			□ Change
AMBR	MARTY M. WOHL	3321 US 27 SOUTH	■Add
		SEBRING FL 33870	□Remove
			□Change
			□Remove
			□Add
			□Remove
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record s d is filed	specifies a delay l.	red effective da	ate, but not	an effective	time, at 12:0)† a.m. on the	earlier of: (b)	The 90th day	after the
Dated	ECEMBER, 14		,	2021					
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