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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
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20/23 FEB 21 PH 4: 07
SEC. TAIL J. B. ST. E. FL

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	New JAX Pro	>m.tsm(	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	stephen	T- Trescot	
		Name of Person	
		Firm/Company	202
	4202 Eve	Dr. East	3FE
		Address	2
	Jacksonwille	F1 32246	785 <b>–</b>
		City/State and Zip Code	
			2023 FEB 21 PM 4: 07 SECRETALLAPIASSES FL
		to be used for future annual report noti	rication) [11]
For further information c	oncerning this matter, please c	all:	
Stephen T	rescut	at ( <u>404</u> ) <u>444 - 3</u> Area Code Daytim	640
Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Jax	Promoti	ons L	CC	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appea d Liability Company)	rs on our records.)	-	_
The Articles of Organization for this Limited Liability Compar Florida document number <u>112000026483</u> .	ny were filed on	03/07/2	z and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ibility company h	ere:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the c	designation "LLC" or	the abbreviation	"1L.C."
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRESS)			- C - b	- 2
			= = = = = = = = = = = = = = = = = = = =	2974
			<u>-</u> -	FT
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				 - i :-
			111	
				<del> </del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our i	ecords, <u>enter the</u>	name of the	<u>nėw registere</u>
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
	Enter Flo	rida street address		
		, Floric	fa	
	City		Zip Co	och:
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and as				

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

Jacksonville, FL 32244 Remove  MGR Dorinda La Plante 11406 Prom Point Ct DAdd  JAX, FL 32246 XRemove  JChange  JChange  JChange  JChange	<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Dorinda La Plante 11406 From Brief CH Add  TAX, FL 32246 Xeemore  Change  Change  TAX  TAX  TAX  TAX  TAX  TAX  TAX  TA	MGR	Stephen Trescot	4202 Eve Dr. East	XAdd
MGR Dorinda La Plante  1406 Prom Bont et  The FL 32246  Remove  Remove  Remove  Remove  Add  Remove  Add			Jacksonville, FL 32244	□Remove
TRY FL 32244 Xemove  Grange				[]Change
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SECULT EXAMINATION OF THE PRINCE OF THE PRIN			JAX, FL 32246	Remove
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ective date, if other than the date of filing:		ote: If the date inser	rted in this block does	not meet the applic	able statutory fili			
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Filing Fee: \$25.00