L22000027698

(Re	equestor's Name)
(Ad	ldress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
(0)	ty otato zipri nono ry
☐ PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Conies	Certificates of Status
Special Instructions to	Filing Officer:
	. 9
•	****** (S
	00524

Office Use Only



700399438437

DEC 2 7 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEB Family Group LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Li Torida document number <u>L22000027698</u>		were filed on 1-12-22	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100 Oxbow Marina Drive	
Principal office address MUST BE A STREET ADDRESS)		Isleton, CA 95641	
			~;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 Oxbow Marina Drive	• • • • • • • • • • • • • • • • • • • •
		Isleton, CA 95641	
		_	
 If amending the registered agent and/or r gent and/or the new registered office addres 		iddress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	Bill Havre	<u></u>	
New Registered Office Address:	7901 4th St. N 5	STE11747	
		Enter Florida street add	ress
	St. Petersburg		Florida 33702
		Cüy	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 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>	Name	Address	Type of Action
MGR	Leith Morse	100 Oxbow Marina Dr.	D'Add
		Isleton, CA 95641	Remove
			☐ Change
MGR	Wendy Morse	100 Oxbow Marina Dr.	
		Isleton, CA 95641	□ Remove
			□Change .
			;
			Remove
			☐ Change
			ET A.I.I
			□ Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			□Change

amending an	w other information, C		here: ///////////////////////////////////	monai sneets, ij neec	3347,739	
	y Other more same,	nter change(s)	nere: (mase:	itional sheets, if nece		
						-
					- 3	-
						_
						_
						_
						_
			_ _			_
						_
document's	ate, if other than the date is listed, the date must be date inserted in this bloc effective date on the Dep	artment of State's	records.			
the record spectord is filed.	cifies a delayed effective	late, but not an el	fective time, at 12:0	1] a.m. on the earlier of	f: (b) The 90th day a	fter the
Dece Dated	ember 15	: —				
		ignature of a mem	per or authorized repre	sentative of a member		p.
	Leith Morse					