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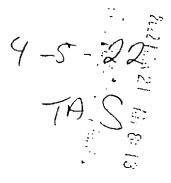
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER ,

TO: Registration/Section Division of Corporations	. :	
SUBJECT: AreyouJeffl	3 LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.	
Please return all correspondence cor	neerning this matter to the following:	
**************************************	MICHAEL HIGGINS Name of Person	
	AREYOU JEFFB LLC Firm/Company	
79	01 4TH ST N, SUITE 300	
<u>57</u>	FETERSBURG, FL 33702 City/State and Zip Code	
\mathcal{M}	City/State and Zip Code City/State and Zip Code IKE H1661NS OR CANDO@6MA/L. CA E-mail address: (to be used for future annual report notification)	Just leve
For further information concerning to	his matter, please call:	
MICHARL HIG	GINS at (407) 493-732 / Area Code Daytime Telephone Number	_
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the followin	g amount:	
	00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee tificate of Status Certified Copy Certificate of S Certified Copy (additional copy is enclosed)	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AreyouJeffB LLC		
(Name of the Limited Li	ability Company as it now appears on our r orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 02/14/22	and assigned
Florida document number L22000059225	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
THEOTHERJEF	FB	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	_	2.7
	·	
(Principal office address MUST BE A STREET A	DDRESS)	
		·
Enter new mailing address, if applicable:		7.
(Mailing address MAY BE A POST OFFICE BOX		
	<u></u>	्रा
		<u> </u>
B. If amending the registered agent and/or regist	ered office address on our records e	nter the name of the new registere
agent and/or the new registered office address he	_	inter the name of the new registere
	_	
Name of Name Description of Asserts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	

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
			□ Add
			□ Remove
			☐Change
			□Add
			☐ Remove
			□Add □Remove
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

Change

Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated Signature of a member or authorized representative of a member			
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