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22 MAY 13 PM 3: N7

T. MATTHEWS
JUL 12 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

	ining Jr LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Gunning Jr		
		Name of Person	
		Firm/Company	
	3211 Southern Oaks Drive	Address	<u></u>
	Merritt Island Florida 3295		
	robertgunningjr@gmail.con	City/State and Zip Code	
		to be used for future annual report not	itication)
For further information of	oncerning this matter, please ca		
Robert Gunning Jr		516 2323383	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION A TARY OF GIARTONS OF OUR OF CURPORATIONS

22 MAY 13 PH 3: 07

Robert Gunning Jr LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Companion document number $\frac{1.22000139793}{1.22000139793}$.	y were filed on March 22 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	d a Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Robert Gunning Jr	3211 Southern Oaks Drive Merritt Island Florida 32	952 ≣Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
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ffective date, if other than an effective date is fisted, the date lote: If the date inserted in the ocument's effective date on the	must be specific ar is block does not	nd cannot be prior to meet the applicat			iling.) Pursuunt to 605.0	
record specifies a delayed effo l is filed.	ective date, but no	ot an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	the
	•	2022				
ated May 4		2022	-·			
ated May 4	Jeur Signature of a	mirej	ized representative	of a member	-82	

Filing Fee: \$25.00