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## COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Jabas 1 Stop LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johnson Tourbo Jr Name of Person
Jerbo's 15top II C
846 Sixth St NW Address
Winles Haven FL 33881
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (\frac{963}{\text{Area Code}}) \frac{651-3619}{\text{Daytime Telephone Number}}
nclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sec. 1.

Of		Turi 6 9
1 in the	> \_\_	
(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our records.	JUL 26 PH 2: 36
	Carry Carry Carry	er e e
The Articles of Organization for this Limited Liability Company	were filed on March.	Bl D and assigned
The Articles of Organization for this Elimited Elability Sources	(1 220001551	127
The Articles of Organization for this Limited Liability Company of Florida document number 12000 556.	( 200001001	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words.		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Frincipal office and the		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street addro	ess
		_
		Florida Zip Code
	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> <u>Address</u> **Type of Action** \_\_\_\_\_\_ □ Remove ——————— □Add \_\_\_\_\_ \_\_ \_\_\_ Remove \_\_\_\_\_\_ □Add ————— □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove

\_\_\_\_\_\_ □Change

\_\_\_\_\_ □Change

□Remove

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(If an ef	tive date, if other than the date of filing:
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ecord is f	iled.
Dated	1 July 19, 2022. 2022.
	Signature of a member or authorized representative of a member