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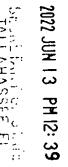
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration So Division of Con | | | • |
|--|--|---|---|
| CLID IP CYC | ng & Management Group LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Opubo Jackson Jackreece | | |
| | | Name of Person | |
| | J&S Staffing & Managem | ent Group LLC | |
| | | Firm/Company | |
| | 5523 Seville Road | | |
| | | Address | |
| | Fort Myers, Fl 33919 | | |
| | | City/State and Zip Code | |
| | bluelogistics239@gmail.co | m (to be used for future annual report no | |
| For further information c | oncerning this matter, please c | | meation) |
| Opubo Jackson Jackreec | c | 469 705-3474 | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for t | ne 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 Addres Registration S | | Street Address: Registration So | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, l | | The Centre of ' 2415 N. Monro | Laffahassee be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN 13 PM 12: 39

J&S Staffing & Management Group LLC

Management Group LLC

(Name of the Limited Liability Company as it now appears on our records), LLAHASSEE, FI

| | 5/9/2022 | |
|--|--------------------------------------|------------------------------------|
| The Articles of Organization for this Limited Liability Compa | ny were filed on 35772022 | and assigned |
| Florida document number 1.22000217314 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "I | JLC" 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 offic agent and/or the new registered office address here: | e address on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | | |
| | Enter Florida street add | lress |
| | | Florida |
| | City | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------------|---------------------------------------|----------------|
| Owner/MGR | Opubo Jackson Jackreece | 5523 Seville Road Fort Myers FL 33919 | = Add |
| | | | □Remove |
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| ffect | ive date, if other than the date of filing: |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocun | nent's effective date on the Department of State's records. |
| recor | rd 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 |
| l is fi | led. |
| arad | 6/7/22 |
| atea | · |
| | Opporteece Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Opubo Jackson Jackreece |

Filing Fee: \$25.00