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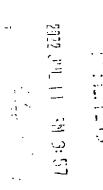
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COVER LETTER

TO:	Registration Se Division of Cor						
		JE ENTERPRISES, LLC	•	•			
SUBJEC	CT:	Name of Limi	ited Liability Company	· ·			
The enci	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		CASEY A ADAMS					
			Name of Person				
		STONE AGE ENTERPRIS	SES, LLC				
			Firm/Company		-• r		
		119 SO HWY 79				13 (*)	. •-
			Address		, •		
		PANAMA CITY BEACH	, FL 32413		1 5		į
			City/State and Zip Code			· 	i.
		OFFICE@STONEAGEFL.			٠.	LS	
			to be used for future annual report notific	cation)			
For furth	ner information c	oncerning this matter, please co	all:				
CASEY	A ADAMS		850 849-50055 at ()				
	Name o	f Person		Telephone Number			
Enclosed	l is a check for th	he following amount:					
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STONE AGE ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/24/2022}{1}$ and assigned Florida document number L22000241932 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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
MGR	MICHAEL A ADAMS	119 SO HWY 79	□Add
			Remove
		·	☐ Change
	 		□ Add
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ffeetive date if other the	n the date of filing:	(optional)
an effective date is listed, the da	ate must be specific and cannot be prior to date of filing of this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.020
	the Department of State's records.	ming requirements, this date with not be instead a
record specifies a delayed e d is filed.	ffective date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day after the
. JULY 7	21779	
Dated		

Typed or printed name of signce