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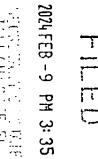
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COVER LETTER

	ion Section of Corporations	•	
	DEMPSEY, LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
SUBJECT: Name of Limited Liability Company			
Please return all co	rrespondence concerning this matter	to the following:	
	LORI A. WELLBAUM		
		Name of Person	
	WELLBAUM LAW, P.A.		
		Firm/Company	
	686 N. Indiana Ave		
		Address	
	Englewood, FL 34223		
	<u> </u>	City/State and Zip Code	
	<u> </u>	o be used for future annual report notification	on)
For further informa	tion concerning this matter, please co	ill:	
	A. Well boum	at (941) 474 - 3at Area Code Daytime Tele	ephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F		Certified Copy	Certificate of Status &
Mailing A Registra	ddress: tion Section	Street Address: Registration Section	n .

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

	JON DEMP			
(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on Liability Company)	<u>our records.</u>)	
The Articles of Organization for this Limited L Florida document number 1.22000275767	iability Company	were filed on <u>06/16/</u>	2022	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	<u>f the limited liab</u>	oility company here:		
JONATHAN HILE, LLC				
The new name must be distinguishable and contain the v	ords "Limited Liabi	ility Company," the design	nation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applic				<u>/</u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>				EB -9 PH 3: 35
B. If amending the registered agent and/or in agent and/or the new registered office addre	registered office ss here:	address on our reco	rds, <u>enter the nan</u>	<u>1e of the new registered</u>
Name of New Registered Agent:	LORI A. WEL	LBAUM		
New Registered Office Address:	686 N. Indiana	Ave		
New registered office / idates.		Enter Florida .	street address	
	Englewood		, Florida <u></u>	1223
	<u></u>	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 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
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			□Change
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te: If t	he date inserted	than the date of the date must be speci thin this block does to on the Departmen	not meet the	applicable s	e of filing or mo statutory filing	re than 90 days requirements	optional) after filing.) Pu , this date wil	rsuant to 605.020 I not be listed a
cord sp s filed.	ecifies a delaye	ed effective date, b	ut not an effe	ctive time, a	t 12:01 a.m. o	n the earlier o	f. (b) The 90)th day after the
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Filing Fee: \$25.00