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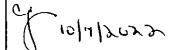
	(Requestor's Name)
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	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Jackson Pointe</u>	nited Liability Company
Name of En	mica Emonity 4 mg.
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Cynt	hia Davies Name of Person
	Indy's Florida LLC Firm/Company
8051 N.	Tomicmi trail suite6
_ Scroster	FL 3 4 243 City/State and Zip Code
E-mail address	s: (to be used for fulure annual report notification)
For further information concerning this matter, please	e call:
Shame of Person	at (229) SUK-4544 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
(y. \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallabassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

2022 COT -7 PH 3: 37 jability Company as it now appears on our records.)
forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \$\\\8/1012022\$ and assigned Florida document number 122 00 03 53 159 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tallahosec, FL 32312 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.

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 Type of Action Address Title Name _____ Remove ______ Remove _____ 🗆 Remove _____ Change ______ Remove _____ Change

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Note: If the o	te, if other than the date of filing:	05,0207 sted as
e record speci rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	fter the
Dated	10-7-2022	
	Signature of a member or authorized representative of a member	
	Shopping Weeks Tryped or printed name of signee	

Filing Fee: \$25.00