Florida Department of State

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(((H220003897043)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JRI2, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Help

unv 16 2022 (Brumble)

ARTICLES OF AMENDMENT TO - A ARTIGLES OF ORGANIZATION OF

| JRI2, LLC | | |
|---|---|-------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | oany as it now appears on our records.) Liability Company) | · |
| The Articles of Organization for this Limited Liability Compan Florida document number L22000481832 | y were filed on 11/09/22 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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 agent and/or the new registered office address here: | address on our records, enter the na | me of the new registere |
| Name of New Registered Agent: | | 9 |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | Enter r torida strvet audress | THA DO |
| | , Florida _ | |
| | City | Zip Codes |

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> | Name | Address | Type of Action |
|--------------|-----------------|--------------------------|----------------|
| AMBR | Stephanie Jones | 7901 4TH ST N STE 300 | X Add |
| | | ST. PETERSBURG, FL 33702 | □Remove |
| | | | □Change |
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| Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th day after the dis filed. Dated Till 15 [Signoture of a member or authorized representative of a member.] | | | | | | | |
|---|-------------------|---------------------------|---------------------------------------|---------------------|---|---|----------------------|
| Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1 document's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1 document's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1 document's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1 document's effective date on the Department of State's records. | | | | | | | |
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| Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is Note: If the date inscreted in his block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record 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 dis filed. Natted 11/15 , 2022 Rilly lay. | | | | | | | |
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| Signature of a member or authorized representative of a member | Ril | y lark | , | | | | |
| | | Signatu | re of a member or a | uthorized represent | ative of a member | | |