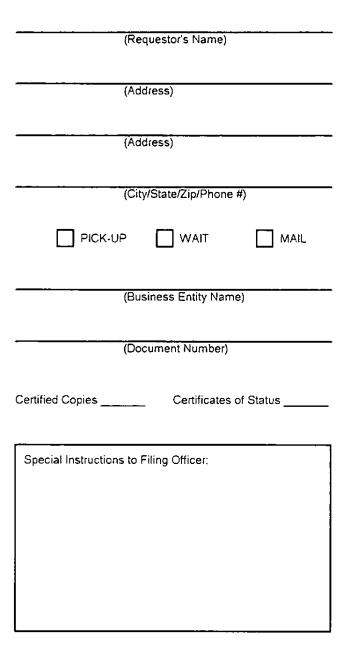
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Office Use Only





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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Solution of Co					
	TH 54TH STREET, LLC				
SUBJECT:	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. If correspondence concerning this matter to the following: BRIAN GELAKOSKI Name of Person Firm/Company 3205 SOUTH 54TH STREET Address TAMPA, FL 33619 City/State and Zip Code gelak7200@gmail.com E-mail address: (to be used for future annual report notification) parmation concerning this matter, please call:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	BRIAN GELAKOSKI				
		Name of Person			
		Firm/Company			
	3205 SOUTH 54TH STRE	EET			
	-	Address			
	TAMPA, FL 33619				
	gelak7200@gmail.com	City/State and Zip Code			
		to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
gclak7200@gmail.com					
Name	of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fce	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addro Registration	Section	Street Address: Registration S			
Division of 0 P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3205 SOUTH 54TH STREET, LLC			
(Name of the Limited (A	Liability Compa A Florida Limited I	ny as it now appears on our record Liability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Lia	bility Company	were filed on 02/14/2023	and assigned
lorida document number L23000070032			
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of	the limited liab	ility company here:	
JPLAND HARDWOODS LLC			
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC	or the abbreviation 3L.L.C."
nter new principal offices address, if applica	(Name of the Limited Liability Company (A Florida Limited Color of Company) Icles of Organization for this Limited Liability Company document number L23000070032 Endment is submitted to amend the following: Intending name, enter the new name of the limited liability D HARDWOODS LLC ame must be distinguishable and contain the words "Limited Liability Principal offices address, if applicable: Intending address MUST BE A STREET ADDRESS) En address MAY BE A POST OFFICE BOX) Intending the registered agent and/or registered office address here: Name of New Registered Agent: BRIAN GELA	3205 S 54TH STREET	024 <i>1</i>
(Name of the Limited Liability Company (A Florida Limited Liability Company a document number L23000070032 mendment is submitted to amend the following: amending name, enter the new name of the limited liability ND HARDWOODS LLC we name must be distinguishable and contain the words "Limited Liability new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) renew mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office a and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 3205 S 54TH S	TAMPA, FL 33619	- P	
THE PART OF THE WAR CO. P. C. S. C.			υı
			<u> </u>
Or I do no life conditional to		PO BOX 13631	<u>.</u>
•	2OY)	TAMPA, FL 33681	5
Stating dauress MAT BE ATOST OFFICE IS	UA)		
		· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or re	gistered office :	address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address	here:		
Name of New Registered Agent:	BRIAN GELA	KOSKI	
New Registered Office Address:	3205 S 54TH S	STREET	
		Enter Florida street addres	SS
	TAMPA		orida <u>33619</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:

or removed from our recor	<u>rus</u> :		
MGR = Manager			
AMBR = Authorized Men	nber		

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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Note:	If the date in	ther than the d sted, the date must serted in this bloc e date on the Dep	k does not m	eet the applica	able statutory	or more than 90 filing requirer	(optional days after filin nents, this dat	i) g.) Pursuant to 60 e will not be lis	5,020' ited as
reco d is f		delayed effective	date, but not	an effective ti	me, at 12:01 a	.m. on the ear	lier of: (b) T	he 90th day aft	er the
ated	JANUARY :	20		2024					
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Filing Fee: \$25.00