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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	J. Gunny	S Home Improvited Liability Company	enient LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		,		
	Justin St	Name of Person		
		Name of Person		
		Firm/Company		
	112 51 1.11.	e Dia Ciala		
	11200 Wind	Sor Place Circle		
	Tampa, Fl	_ 33626 City/State and Zip Code		
	E-mail address: (22@gmail.(om	fication)	
For further information c	oncerning this matter, please ca			
م داد.	. lac	, , , ,	7074	
Justin Strader Name of Person		at (770) 4/7 - 787 4 Area Code Daytime Telephone Number		
		·	·	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
74 325.00 1 ming 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>ss:</u>	Street Address:		
Registration S	Section	Registration Se		
Division of C P.O. Box 632	-	Division of Cor The Centre of T		
r.v. bux 032	. 1	THE CERTIC OF	i arianassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. Gunny S. Home Int	Y Company as it now appears on our records.) Limited Liability Company)	
(A Florid	Limited Liability Company)	
The Articles of Organization for this Limited Liability (ompany were filed on $\frac{3/23/23}{}$ and ass	signed
Florida document numberL23000149021	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ted liability company here:	
The new name must be distinguishable and contain the words "Lir	ted Liability Company," the designation "LLC" or the abbreviation "L	
Enter new principal offices address, if applicable:	11206 Windsor Place Circle ESS) Tampa, FL	
(Principal office address MUST BE A STREET ADD	ESS) Tampa, FL	
	2023 AUG Signing (A)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	(SS)	
	(T) T	
	(T) ()	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	l office address on our records, enter the name of the ne	<u>w register</u>
Name of New Registered Agent:	Justin Strader	
New Registered Office Address: 112	ob Windsor Place Circle Enter Florida street address	
	Tampa , Florida 3362 Zip Code	6
	Ciny , Florida	

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
AMBR	JBI Holding Co, LLC	JBI Holding Co, LUC	□Add
		8001 Palm Key Ave.	
		Oldsmar, FL 34677	□Change
AMBR	Sharpen Sales LLC	11206 Windsor Place Cir.	X/vqq
		Tampa, FL 33626	
			□Change
			□Add
			□Remove
			□ Change
			□Add
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an effectiv lote: If th	date, if other than we date is listed, the dat he date inserted in the 's effective date on t	e must be specific æ nis block does not	nd cannot be prio meet the appli	r to date of filing or cable statutory fil	more than 90 days ing requirements	after filing.) Pursuan	t to 605.0207 (be listed as t
record sp I is filed.	ecifies a delayed eff	ective date, but n	ot an effective t	ime, at 12:01 a.n	n, on the earlier o	f: (b) The 90th da	ay after the
ated	August	//	# ///	norized representati			
		Signature of	a member or auth	orized representati	ve of a member		
		•		Pres de			