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| Certified Copies   | Certific                               | ates of Statu | ıs   |
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| Special Instructions to Fil  | ing Officer:                           |               |      |
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## COVER LETTER

TO: Registration Section

| Division of Cor                | porations                                 |   |   |
|--------------------------------|---|---|---|
| JIIL, LLC                      |   |   |   |
| SUBJECT:                       | Name of Limi                              | ted Liability Company   | • • •   |
|                                | Name of Lini                              | ted Liability Company   |   |
| The enclosed Articles of       | Amendment and fee(s) are sub-             | nitted for filing   |   |
|                                |   | _   |   |
| Please return all correspo     | ondence concerning this matter t          | to the following:   |   |
|                                | Michael J. Alesio                         |   |   |
|                                |   | Name of Person  |   |
|                                | JIIL. LLC                                 |   |   |
|                                |   | Firm/Company  | ·   |
|                                | 1617 Hendry St., Suite 406                |   |   |
|                                |   | Address   |   |
|                                | Fort Myers, FL 33901                      |   |   |
|                                |   | City/State and Zip Code   | <del></del> ,   |
|                                | vera@alessiocompanies.com                 |   |   |
|                                | E-mail address: (t                        | o be used for future annual report not                              | ification)  |
| For further information c      | oncerning this matter, please ca          | 11:   |   |
| Samuel J. Hagan, IV            |   | 239 334-1381  |   |
| Name o                         | f Person                                  | at ()   | ne Telephone Number   |
| Enclosed is a check for the    | ne following amount:                      |   |   |
| □ \$25.00 Filing Fee           | S30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S | Section                                   | Street Address:<br>Registration Se                                  |   |
| Division of C<br>P.O. Box 632  |   | Division of Co<br>The Centre of                                     |   |
| Tallahassee, I                 |   |   | ne Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JIIL, LLC   |   |                                       |
|---|---|---------------------------------------|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | any as it now appears on our records.<br>Liability Company) | )                                     |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000211655</u> .                         | y were filed on April 28, 2023                              | and assigned                          |
| his amendment is submitted to amend the following:  |   |                                       |
| A. If amending name, <u>enter the new name of the limited lial</u>  | bility company here:  |                                       |
| he 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)  |   |                                       |
|   |   |                                       |
|   |   |                                       |
| inter new mailing address, if applicable:   |   | <u> </u>                              |
| Mailing address MAY BE A POST OFFICE BOX)   |   | · · · · · · · · · · · · · · · · · · · |
|   | <u> </u>  |                                       |
| <ol> <li>If amending the registered agent and/or registered office<br/>gent and/or the new registered office address here:</li> </ol> | address on our records, enter th                            | he name of the new registe            |
| Name of New Registered Agent:   |   |                                       |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida street address                                |                                       |
|   | , Flor  | rida                                  |
|   | 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 |
|--------------|-------------|-------------------------|----------------|
| AMBR         | B52 LLC     | 2044 Constitution Blvd. | □Add           |
|              |             | Sarasota, FL 34231      | =Remove        |
|              |             |                         | □Change        |
|              |             |                         | □Add           |
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| an eff  | ve date, if other than the date of filing:   |
|         | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
|         | •  |
| recor   | d 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   |
| l is fi |  |
|         |  |
| ated    | December 31 2023   |
|         |  |
|         |  |

Filing Fee: \$25.00

Typed or printed name of signee