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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	. LOR	NE
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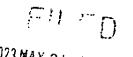
COVER LETTER

TO: Registration So Division of Cor			,
cunicor.	JCCT L	-LC	
SUBJECT:		ited Liability Company	
The analogue Assistance	Amendment and fee(s) are sub	mitted for filing	
		<u> </u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Svent 1	Mood Name of Person	
		Firm/Company	
	6995 [Big Woods Dr. V.	
			2
	Iallah-ssee	FC 32500	1
	fsubau E-mail address:	City/State and Zip Code Code	N(ion)
For further information of	concerning this matter, please co	·	
		et ()	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILE OF





•		•	(UZ3MAY31 P	Min
Name of the Limited Lia (A Flo	-LC	_	SECRETARY	1115:145
(Name of the Limited Lia	bility Company as it n	ow appears on ou	records. b S	<u>·</u> :
(A ric	энаа глинса глаэнку С	- /	, 10 0	2
The Articles of Organization for this Limited Liabilit	iv Company were fil	$_{\text{led on}} \frac{5}{2}$	4/202	and assigned
Florida document number L23000253.	259		1	
This amendment is submitted to amend the following				
A. If amending name, <u>enter the new name of the</u>	limited liability cor	npany here:		
JCCT	Florida	LLC		
The new name must be distinguishable and contain the words "				breviation "L.L.C."
Enter new principal offices address, if applicable:				
				
(Principal office address MUST BE A STREET AE	<u> </u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
				.
B. If amending the registered agent and/or registongent and/or the new registered office address her		on our records	s, <u>enter the nam</u>	e of the new register
	<u> </u>			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:		For an Plant In the		
		Enter Florida stre	ei aaaress	
	700		, Florida	7:01
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
	#Males and the Advances of the		□ Add
			□Remove
			□Change
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r amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an effe <u>{ote:</u> ∃	ce date, if other than the date of filing:
record Lis file	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 d.
ated _	5-31-2023
	- Daniel
	Signature of a fifember or authorized representative of a finember
	Brent Moody