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SECRETARY CONTRACTOR

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## **COVER LETTER**

	ARTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company  ent and fee(s) are submitted for filing.  ancerning this matter to the following:  DA ALMEIDA  Name of Person  DA ALMEIDA LAW, PLLC  Finu Company  BRICKELL BAY DRIVE SUITE 2700 #3  Address  MI FL 33131  City/State and Zip Code  Digithaalmeida.com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  186  186 6167  187 Area Code  Daytime Telephone Number  189 S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section		
	. ,	-		
	GILDA ALMEIDA			
		Name of Person	<del></del>	
	GILDA ALMEIDA LAW,	PLLC		
	Name of Person  GILDA ALMEIDA LAW, PLLC  FinneCompany  1001 BRICKELL BAY DRIVE SUITE 2700 #3  Address  MIAMI FL 33131  City/State and Zip Code			
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  GILDA ALMEIDA  Name of Person  GILDA ALMEIDA LAW, PLLC  FinneCompany  1001 BRICKELL BAY DRIVE SUITE 2700 #3  Address  MIAMI FL 33131  City/State and Zip Code  gilda@gildaalmeida.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  A ALMEIDA  Name of Person  A LAMEIDA  Name of Person  GILDA ALMEIDA  The code of Person  A Code of Certificate of Status  Mailing Address:  Street Address:			
		Address	<del>.</del>	
	MIAMUFL 33131			
		City/State and Zip Code		
		1 16 6		
For further information of		·	cation)	
GILDA ALMEIDA				
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Registration ( Division of C				
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P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP AGRI PARTS LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)		-	
The Articles of Organization for this Limited I	Liability Company	were filed on 06/28	/2023	and a	ıssigned	l
Florida document number L23000310054						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liah	oility company here	:			
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the a	bbreviation	"L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		1	-52	
Principal office address MUST BE A STRE				SE C		
				유선	AUG	;
				ASS ASS	<b>N</b>	Camp.
Enter new mailing address, if applicable:		N/A		ù. X	<b>3</b> >>	[7]
Mailing address MAY BE A POST OFFICE	E BOX)			: () : ()	AUG 28 AM 9: 45 new register	,
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				77.1		
3. If amending the registered agent and/or	• •	address on our reco	ords, <u>enter the nar</u>	ne of the r	iew regi	istere
gent and/or the new registered office addr	ess here:					
Name of New Registered Agent:	GILDA ALME	EIDA LAW. PLLC	··-			
New Registered Office Address:	1001 BRICKE	LL BAY DRIVE SUI	TE 2700 #3			
		Enter Florida	i street address			_
	MIAMI		. Florida <sup>3.</sup>	3131		
	<u> </u>	City		Zip Coo	le	

## 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
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an effective date is	listed, the date must b	e specific and cannot	be prior to date of fi	ling or more than 9	days after tiling.	) Pursuant t	ა 605.020
		k does not meet the artment of State's r		ory filing require	ments, this date	will not be	e listed a
record specifies	a delayed effective	date, but not an effe	ctive time, at 12:0	) La.m. on the ear	dier of: (b) Th	ie 90th day	after the
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Typed or printed name of signee