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(Re	questor's Name	2)
-bA)	dress)	
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(City	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to I	Filing Officer:	.JE
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COVER LETTER

TO: Registration S Division of Co		·	
	JP Housesold LLC	•	
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Justin T. Powell		
		Name of Person	
	JP Housesold LLC		
		Firm/Company	
	9126 16th Ave Cir NW		
Address			
	Bradenton, FL., 34209		
	justin@satorealestate.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Justin Powell		941 718-0294	
		at ()	
Name ·	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	etion
Division of (Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	TO	_
ARTICL	LES OF ORGANIZATION	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
•	OF	
		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JP Housesold LLC		1/1
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our recor orida Limited Liability Company)	14 1 25 1 25 1 25 1 25 1 25 1 25 1 25 1
he Articles of Organization for this Limited Liabili lorida document number	ty Company were filed on	and assigned
his amendment is submitted to amend the following		
A. If amending name, enter the new name of the ustin Powell, LLC	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
<u>-</u>	• • •	
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
	 - ·	-
nter new mailing address, if applicable:		
5	2	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2	
5	2	
	ered office address on our records, <u>ente</u>	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX	ered office address on our records, <u>ente</u>	r the name of the new registe
Auiling address MAY BE A POST OFFICE BOX If amending the registered agent and/or regist ent and/or the new registered office address he	ered office address on our records, <u>ente</u>	r the name of the new registe
Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:	ered office address on our records, <u>ente</u>	
Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:	ered office address on our records, <u>ente</u> re: Enter Florida street addre	

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 antending 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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ective date, if other the	nan the date of filing	ig:	ate of filing or more tha	n 90 days after filing.) Pursua	ant to 605 020°
<u>e:</u> If the date inserted i	n this block does not i	meet the applicable	statutory filing requ	frements, this date will no	ot be listed as
ument's effective date of	on the Department of :	State's records.			
cord enecifies a delayed	effective date, but no	it an effective time	at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
s filed.	checuve date, but no	t an encente time,	at 12.01 a.m. on the	carret of. (b) The 70th	unio ano
December, 14th		2023			
ed		-			

D::: E 035.00

Typed or printed name of signee