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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jacques On-Tie Name of Limited	Enand Handymo Liability Company	202
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to t	the following:	
Odson La	Name of Person	
	Firm/Company	
664 Comp	Address Johns	en 8d.
Drange Park	Eity/State and Zip Code	
oslene 276 @ E-mail address: (to b	amoil - Lom Used for future annual report notification)	
For further information concerning this matter, please call:		
OBSON LOUIS JACQUES Name of Person	at (904) 520 - 84 Area Code Daytime Teleph	one Number
Enclosed is a check for the following amount:		
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACQUPS (Name of the Limiter	in Dema	nd Hundi	IMUN our records.)	
(/	A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Lia	bility Company v	were filed on <u>0.3</u>	-20-20	and assigned
Florida document number 124A0000	7343			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
The new name must be distinguishable and contain the wo	on dema rds "Limited Liabilit	ty Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	664 6	Bomb Fro	32065
		Vrange	Park FX	32065
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	664 6	only Fra	encis Tehnson 1. 32065
		Dringe !	Park FA	1. 32065
B. If amending the registered agent and/or reagent and/or the new registered office address	here:			
Name of New Registered Agent:	OJSON	1 Louis	JACQU	<u> </u>
New Registered Office Address:	664 0	amb Fran	eis Joh.	nson Rol
	Osange	City	, Florida _	320 65 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. 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
NA	<u> </u>	N.A.	□Add
			□Remove
			□Change
			
			□Remove
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Change
			NO Add
			□ Remove
			□ Change

	
	
Fective date, if other than the date of filing:	onal) filing.) Pursuant to 605.0207 date will not be listed as
ocument's effective date on the Department of State's fections.	
ocument's effective date on the Department of State's records.	
record 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
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