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COVER LETTER

TO: Registration S Division of Co					
	Management LLC				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Eugene G. Jones II				
	<u> </u>	Name of Person		-	
	T.L. Jones Management L	LC			
		Firm/Company		-	
	110 NW 91st ST				
		Address			•
	Gainesville FL 32607			1 93 / 1	; ;
	eugene.jones2@gmail.com	City/State and Zip Code		AH 8: I	C
	E-mail address: (to be used for future annual report noti	fication)	17 ATE	
For further information of	concerning this matter, please c	all:			
Eugene G. Jones II		352 514-1548 at ()			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

T. L. Jones Management LLC				
(<u>Name of the Limited Liab</u> (A Flori	i <mark>lity Company as it now appears on our rec</mark> da Limited Liability Company)	cords.)		
Articles of Organization for this Limited Liability Company were filed on 07/22/2024 da document number 1.24000325141			_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "I	LLC" or the abbro	viation "L.L.C."	
Enter new principal offices address, if applicable:		ra ity.	T	
Principal office address MUST BE A STREET ADD	DRESS)	- <u> </u>	<u>ස</u>	
Enter new mailing address, if applicable:		OF STATE	<u>≅</u> 111 8: 17	
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or register agent and/or the new registered office address here. Name of New Registered Agent:		ter the name	of the new regist	
Maine of New Registered Agent.				
New Registered Office Address:	Enser Florida street ad	dress		
	·	Florida		
	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	Tenneesse L. Jones	110 NW 91st ST Gainesvill FL 32607	
			Remove
			Change
AMBR	Eileen Durant	35 Purple Martin Cove	= Add
		Crawfordville FL 32327	□Remove
			□ Change
			□Add
			□Remove
			☐ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot b	a prior to de	ata of filing	or more than	opti	onal)	Justiont	10 605 O
2: If the date inserted in this block does not meet the	applicable	statutory f	iling requir	ements, th	is date w	ill not b	be listed
iment's effective date on the Department of State's re	coras.						
ord specifies a delayed effective date, but not an effec	ctive time.	at 12:01 a.	m, on the e	arlier of: (1	o) The	90th da	v after t
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d August 16 2024	•						
August 16 , 2024 , Signature of a member of	· ·						