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COVER LETTER

TO: Registration Division of C					
JLC-FL.	LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Joe Charles				
		Name of Person			
	JLC-FL, LLC				
	Firm/Company				
	4809 Memorial Hwy, Suit	e C 300			
		Address			
	Tampa, Florida 33634				
		City/State and Zip Code			
	jcharles@jleservicesine.cor		 		
		to be used for future annual report noti	(fication)		
For further informatio	n concerning this matter, please c	all:			
Angela Miles		850 508-6219 at ()			
Nam	e of Person		ne Telephone Number		
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Add</u> Revistratio		<u>Street Address:</u> Registration Sc	ction		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLC-FL, LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L24000403462	npany were filed on September 16, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
		- 1
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	· ;:
Trincipul office with the 1700 Fire Tribing Tribing		
	-	(7)
Parkers and the second data of the second level of		- <u>a</u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	1.1 -
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joe Charles	4809 Memorial Hwy, Suite C 300	□Add
		Tampa, Florida 33634	Remove
			Change
AMBR Joe Charles	Joe Charles	4809 Memorial Hwy, Suite C 300	= Add
		Tampa, Florida 33634	□Remove
			Change
			☐Remove
			□ Ådd :
			☐ ☐Řemove 1
			□Change
			□Remove
			□Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated ___ 2024 Signature of a member or authorized representative of a member Angela Miles Typed or printed name of signee

Filing Fee: \$25.00