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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	rporations					
JJ Direction	n LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joan Katz					
		Name of Person				
	JJ Direction LLC					
		Firm/Company				
	4371 Northlake Blvd, suite	: 128				
		Address				
	Palm Beach Gardens, FL 3	3410				
		City/State and Zip Code				
	JJdirection@aol.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
Joan Katz		561 630-1925 at ()				
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration		Street Address: Registration Se	ection			
Division of C		Division of Co				
P.O. Box 632		The Centre of				

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ Direction LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/5/2008}{}$ Florida document number \_\_\_\_\_\_L08000023488 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida

## 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
AMBR Joan Katz	Joan Katz	4371 Northlake BLVD suite 128	<b>=</b> Add
		Palm Beach Gardens, Fl 33410	□Remove
		(changing from MGR to AMBR)	
			■Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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			□Change
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			Remove
			Change
			□Add
			Remove
			□ Change

Clarifi	cation:
Chang	ing Joan Katz from MGR to AMBR
<u>-</u>	
•	
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Continue du	ate, if other than the date of filing: 6-1-2020 (optional)
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
ocument's	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record spect is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2020
_	Signature of a member or authorized representative of a spember
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