## L140000 85565

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECTIONS OF TAILS

1/02/1100

## **COVER LETTER**

SUBJECT: Jan	<u>Enterprises</u>	of Tampa Banited Liability Company	y LLC		
	Name of Lim	nted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	James S	+ i   we     Name of Person			
	JON Enterp	Firm/Company	Bay LLC		
	1837 Lady 1	Mary dr Address			
		FLorida 3379 City/State and Zip Code		SEC. <b>5</b>	
	Jimstiladell 5	16 g mail.com to be used for future annual report no	atification	-, -	_
For further information con	ncerning this matter, please co		otheattony	27 PH	
James Stilu	vell	at (727) 580	0-9959	宝宝 45	
Name of I	Person	Area Code Dayt	ime Telephone Number	23	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

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

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIAN ENTERORISES OF TOMOG BAY LLC.

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<b>—</b>
*
"L.L.C."
assigned
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## 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00