

L15000176590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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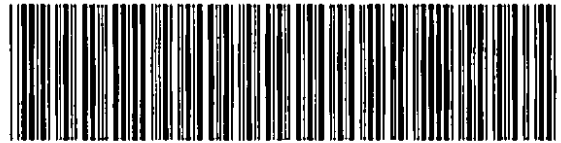
(Business Entity Name)

(Document Number)

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2018 AUG 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

M. MILLIGAN
AUG 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMN OF BREVARD, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKOLAI PIPPA

Name of Person

JMN OF BREVARD, LLC

Firm/Company

5585 SCHENCK AVE. STE 5

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKOLAI PIPPA

321 626-5218
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JMN OF BREVARD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 AUG 20 AM 10:45
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BREVARD, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 16, 2015 and assigned
Florida document number L15000176590.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THIN RED LINE CONSTRUCTION, LLC

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:

5585 SCHENCK AVE. STE 5

(Principal office address MUST BE A STREET ADDRESS)

ROCKLEDGE, FL 32955

Enter new mailing address, if applicable:

5585 SCHENCK AVE. STE 5

(Mailing address MAY BE A POST OFFICE BOX)

ROCKLEDGE, FL 32955

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

City, Florida

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

[illegible]

(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)

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.

Signature of a member of authorized represent

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
WASHINGTON, D. C.

2018 AUG 20 AM 10:43

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