

L16000063609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

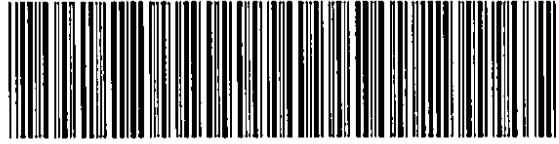
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 30 PM 4:53

*Amend*

AUG 01 2018  
D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Billjonco, 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:

Robert A. Burson  
Name of Person  
Robert A. Burson, P.A.  
Firm/Company  
PO Box 1620  
Address  
Stuart, FL 34995  
City/State and Zip Code  
bob@robertburson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Burson at (772) 286-1616  
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  
*+5.00 ADDITIONAL CERTIF OF STATUS*  
*TOTAL \$35.00*
- \$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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 30 PM 4:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VIA USPS  
7/26/18  
~~July 20, 2018~~

RECEIVED  
JUL 26 2018  
ROBERT A BURSON

*From* ROBERT A BURSON  
ROBERT A BURSON, P.A.  
PO BOX 1620  
STUART, FL 34995

SUBJECT: BILLJONCO, LLC  
Ref. Number: L16000063609

We have received your document for BILLJONCO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

To Diane Cushing  
Senior Section Administrator

Letter Number: 318A00014907

*Thank you - See attached*

RECEIVED  
18 JUL 30 PM 2:16  
SFADPT:RBY/CT  
SALT:16000063609

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

FILED  
DIVISION OF CORPORATIONS  
18 JUL 30 PM 4:52

Billjonco, 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 03/30/2016 and assigned Florida document number L16000063609.

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)

13 Simara Street

Stuart, FL 34996

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

13 Simara Street

Stuart, FL 34996

**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: William L. Read, II

New Registered Office Address: 13 Simara Street

*Enter Florida street address*

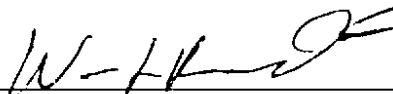
Stuart, Florida 34996

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Bukard	106 South Sewalls Point Road	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Price	7540 Oakboro Drive	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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