

Division of Corporations

L18000101849

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ROBERTS, SEWARD & COMPANY PA
 Account Number : I20040000178
 Phone : (813)225-1040
 Fax Number : (813)250-1555

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA 32399-0400
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JBISHOP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBISHOP, 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:

Bradley Roberts

Name of Person

JBISHOP, LLC

Firm/Company

5026 Mud Lake Rd.

Address

Plant City, FL 33567

City/State and Zip Code

jenifer.bishop@yahoo.com

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

For further information concerning this matter, please call:

Jennifer Bishop

at (813) 225-1040
Area Code Daytime Telephone Number

Name of Person

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBISHOP, 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 4/23/18 and assigned Florida document number L18000101849

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: Bradley Roberts

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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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.

[Handwritten signature]

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	Bradley Roberts	5026 Mud Lake Rd., Plant City , FL 33567	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Jenifer Bishop	5026 Mud Lake Rd., Plant City, Fl 33567	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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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 11/20 _____ 2018

Signature of a member or authorized representative of a member

Bradley Roberts

Typed or printed name of signee