

L21000397315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

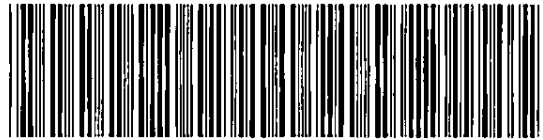
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/19/24
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2024/08/14 PM 1:07
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jobbs Rehabilitation and Restoration LLC
Sanjour Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Jackson

Name of Person

Jobbs Rehabilitation and Restoration LLC

Firm Company

5430 GWEN LANE PLACE

Address

PACE, FL 32571

City, State and Zip Code

Tina@pawpawssmallengines.com

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

For further information concerning this matter, please call:

Tina Jackson

850 4503235

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

2007 AUG 14 PM 1:07

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

Jobbs Rehabilitation and Restoration 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 09/07/2021 and assigned
Florida document number 1,21000397315.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5430 GWEN LANE PLACE

PACE, FL 32571

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5430 GWEN LANE PLACE

PACE, FL 32571

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:

TINA JACKSON

New Registered Office Address:

5430 GWEN LANE PLACE

Enter Florida street address

PACE

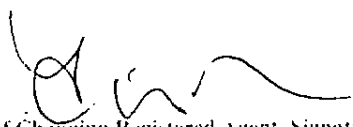
Florida 32571

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 in furtherance of the provisions of all statutes relative to the proper and complete performance of my duties, and I am further accepting the obligations of my position as registered agent as provided for in Chapter 605, F.S. On 09/14/2021 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

2021 AUG 14 PM 1:07
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

FILED

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2024 AUG 14 PM 1:07
CLERK OF DISTRICT COURT
JANUARY 1, 1977

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated July 20th, 2021

Warren Keith Jackson

FILED
2024 AUG 14 PM 1:07
CLERK OF DISTRICT COURT
TAMPA, FLORIDA

Filing Fee: \$25.00