

L18000227769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

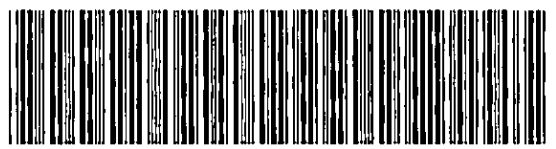
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/19--01021--023 **60.00

2019 APR -1 PM 4:14
C. McNair

MAR 07 2019
C McNAIR
APR 04 2019
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "JUST ASK JEFF" L.L.C.
Name of Limited Liability Company

2013 APR -1 PM 4:44
RECEIVED
TALLAHASSEE, FL 32301

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

Please return all correspondence concerning this matter to the following:

AMOS R MOORE
Name of Person

"JUST ASK JEFF" LLC
Firm/Company

3030 LOCKWOOD TERRAS
Address

SARASOTA FL 34231
City/State and Zip Code

RMooREFISH@YAHOO.COM
E-mail address: (to be used for future annual report notification)

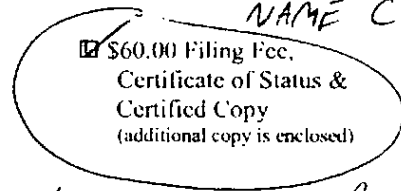
For further information concerning this matter, please call:

AMOS MOORE at (941) 266-3913
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)

COMPANY NAME CHANGE



ALREADY SENT PAYMENT

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

BY CHECK
1ST ATTEMPT

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

2018 APR -1 PM 4:15
STATE OF FLORIDA
SECRETARY OF STATE

"JUST ASK JEFF" 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 09-25-18 and assigned Florida document number 618000227769

This amendment is submitted to amend the following:

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

"JUST ASK JEFF" VENDORSHIP SERVICES 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:

4230 VAUGHAN LANE

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34241

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

THIS IS JUST A NAME CHANGE
FOR THE COMPANY
ALREADY SENT \$60.00 CHECK IN
WITH 1ST ATTEMPT

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 3-22- 2019

Amos R Moore

Signature of a member or authorized representative of a member

AMOS R MOORE

Typed or printed name of signee