

L040000016887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

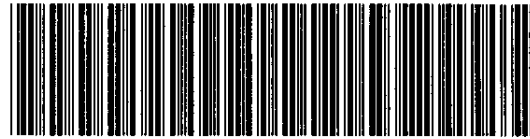
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JLS Brothers Investments, 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:

Jason L Schweizer
Name of Person

Firm/Company

665 Merioneth Dr
Address

Fort Walton Beach 32547
City/State and Zip Code

jasonschweizer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason L Schweizer at (850) 420-5338
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Triple J Investments, 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 03/01/2004 and assigned Florida document number L04000016887.

This amendment is submitted to amend the following:

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

JLS Brothers Investments, LLC

The new name must be distinguishable and end with 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)

665 Merioneth Dr
Fort Walton Beach, FL 32547

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:

Jason L. Schweizer

New Registered Office Address:

665 Merioneth Dr

Enter Florida street address

Fort Walton Beach

City

, Florida

32547

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.

Jason L. Schweizer
If Changing Registered Agent, Signature of New Registered Agent:

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MAY 12 2:37 AM
CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGRM	Jeffrey L Schweizer	902 Sam Dr	<input type="checkbox"/> Add
		Shalimar, FL 32579	<input checked="" type="checkbox"/> Remove

MGRM AMBR	Cynthia Y Schweizer	4041 Drifting Sand Trail	<input checked="" type="checkbox"/> Add
		Destin, FL 32541	<input type="checkbox"/> Remove

MGRM	Jason L. Schweizer	665 Merioneth Dr	<input checked="" type="checkbox"/> Add
		Fort Walton Beach, FL	<input type="checkbox"/> Remove
		32547	

AMBR MGRM	Jarrod L. Schweizer	665 Merioneth Dr	<input checked="" type="checkbox"/> Add
		Fort Walton Beach, FL	<input type="checkbox"/> Remove
		32547	

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

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

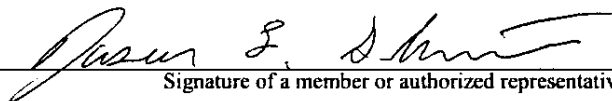
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 29, 2014.



Signature of a member or authorized representative of a member

Jason L. Schweizer

Typed or printed name of signee