

LO5000083791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

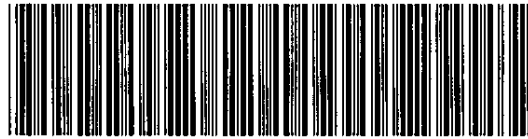
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273036289

05/26/15--01022--028 **30.00

FILED
15 MAY 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 1 2015

T. HAMPTON



J & S Properties of N.S.B., LLC

2813 Bay Side Dr., New Smyrna Beach, FL 32168 PH: 386-689-8259
WWW:JANDSPROPERTIESOFNSB.COM

May 20, 2015

Florida Department of State Division of Corporations

RE: Request for amendment of articles of incorporation

Gentlemen:

Enclosed are the executed documents amending the membership of J & S Properties of N.S.B., LLC to include Mark P. Bailey and Joseph E. Bailey III, each with a 10% share of the ownership. Please file this change at your earliest convenience.

I am enclosing a check for \$30 to cover the cost of filing fee (\$25.00) and the cost of a certified copy of the registration (\$5.00). Thank you for your help in completing this matter.

Sincerely,

J & S Properties of N.S.B., LLC

Joe Bailey

2813 Bay Side Dr.
New Smyrna Beach, FL 32168
386-689-8259
WWW.jandspropertiesofnsb.com

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

J&S Properties of N.S.B., 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 08/24/2005 and assigned Florida document number 4050000 83791.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
15 MAY 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
<u>mbr</u>	<u>MARK P. BAILEY</u>	<u>500 N. RIDGEWOOD #7</u> <u>EDGEWATER, FL 32132</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>mbr</u>	<u>Joseph E. Bailey III</u>	<u>724 N. Dixie Freeway</u> <u>NEW SMYRNA BEACH, FL 32168</u>	<input checked="" 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
			<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
			<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

15 MAY 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

[illegible]

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 05/20, 2015

Signature of a member or authorized representative

Joseph E. Bailey II
Typed or printed name of signee

FILED
15 MAY 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA