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22 JUN 23 PM 12: 5

T. MATTHEWS

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RECLIVED

2022 JUN 23 AM 8: 00

## FLORIDA DEPARTMENT OF STATE Division of Corporations

١,

May 23, 2022

WALLACE SMITH JR 115 112TH AVENUE NE UNIT 527 ST. PETERBURGS, FL 33716

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

MISSING PAGE 4 OF THE AMENDMENT FORM. Please provided the assigned Florida document number for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00011714

Tekayla T Matthews OPS

www.sunbiz.org

#### **COVER LETTER**

SUBJECT:	JT ENER	PRSS LLC ited Liability Company	
	Name of Emi	ned Elabinsy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		~	
	Wallace	Smil Dr	
		Name of Person	<del></del>
	J7	Exterplists L	22
	115 112 to No.	e NE , Unit S.	37
	110 112 74	Address	
	St. Pekrsbi	City/State and Zip Code  4829 @ gwall. (Coto be used for future annual report no	6
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	O/h tification)
For further information of	concerning this matter, please co		
Ace l	Trucker	a.(1727) 649	1.5//3
Name o	of derson	at (C727) 649 Area Code Daytir	me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	ection
Registration Division of C		Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 - Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

THE STATE OF STATE JIVISION OF CORPORATIONS **OF** 

22 JUN 23 PH 12: 51

JT Enterprise	slld	22 JUN 23 PM 12	:51
(Name of the Limited Liability (A Florid	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LD500009</u>		9 15 05	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ecords, <u>enter the name (</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	City	, Florida	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 adde or removed from our records:

MGR = Manager

AMBR = A	Authorized	Member
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Title	Name	Address	Type of Action
AMBR	Wallace Smit gr	115 112 Ave NE Unit 50	Z MAdd
		115 112 Por No No Unit 50 51. Petersburg, Fl 33716	□Remove
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