

LO5000106661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

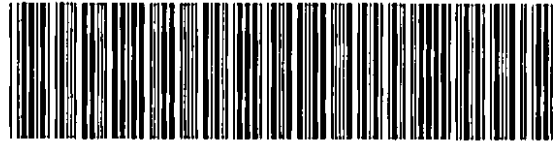
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NO\$

Office Use Only



800334786398

04/08/20--01021--009 \*\*25.00

2020 APR -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 10 2020

COVER LETTER

2020 MAR 10 AM 12

TO: Registration Section  
Division of Corporations

SUBJECT:

FY JV, 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:

DEVRY DEWAN

Name of Person

DEVRY DEWAN, CPA

Firm/Company

7006 ATLANTIC BLVD.

Address

JACKSONVILLE, FLA. 32211

City/State and Zip Code

DEVRY@DEVRYDEWAN.COM

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

For further information concerning this matter, please call:

CAMILLE GUINAN

Name of Person

at

904

Area Code

725-2895

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FYJV, 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 11-1-05 and assigned Florida document number LO5000106661.

This amendment is submitted to amend the following:

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

N/A

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

SAME

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME

2021 APR -9 AM 10:55  
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:

LISA ANKER

New Registered Office Address:

SAME

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.*

Lisa Anker 3-4-20

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>
MGR	JERRY ASKER	7006 ATLANTIC BLVD.	<input type="checkbox"/> Add
		JACKSONVILLE, FLA. 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA ASKER	7006 ATLANTIC BLVD.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLA. 32211	<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

2020 APR - 9  
TALLAHASSEE, FLORIDA  
10:00  
ADD  
REMOVE  
CHANGE  
ADD  
REMOVE  
CHANGE  
ADD  
REMOVE  
CHANGE

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

N/A

2020 APR -9 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: N/A (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

MARCH 4, 2020

*Lisa Asker*

Signature of a member or authorized representative of a member

LISA ASKER

Typed or printed name of signer