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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone

: (800)906~9220

Fax Number

: (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAN AND GEORGE LIMITED LIABILITY COMPANY

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#### **COVER LETTER**

TO:

iy.

Registration Section Division of Corporations

SUBJECT

## JAN AND GEORGE LIMITED LIABILITY COMPANY

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:

# SAL ABECASIS

Name of Person

### ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

1222 AVE. M SUITE 301

Address

**BROOKLYN, NY 11230** 

City/State and Zip Code

SAL@ACS123.COM

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

For further information concerning this matter, please call:

# NAOMI OSTOPOWITZ

,800、906-9220

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)

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

# JAN AND GEORGE LIMITED LIABILITY COMPANY (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 10/01/2008 and assigned Florida document number <u>L</u>08000093322 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 end with 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) 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

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.

City

red office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of Now Registered Agent

Page 1 of 3

Zip Code

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 = Mans AMBR = Auth	ger orized Member		
Title	<u>Name</u>	Address	Type of Action
<del></del>			DAdd
			☐ Remove
			□ Remove
			Remove
<del></del>			
,			□ Remove
			Remove
			Remove

Page 2 of 3

14 0CT 13 MH 1: 15

. If amending any other information, enter change(s) her Article Three is hereby amende	
The purpose for which this Limi	ted Liability Company is
Interior Design & Real Estate.	
C. Effective date, if other than the date of filing:  (The offective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	(optional) iled date and cannot be more than 90 days after
Dated 10/10/14 .	
Signature of a morable or auto.  Jan Koos Oostdijk	ed name of signes

Page 3 of 3

Filing Fee: \$25.00

14 OCT 13 AH11: 15