

L08000111785

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2012 SEP 26 PM 1:05  
STATE OF FLORIDA  
TALLAHASSEE, FL 32309

J. BRYAN

SEP 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jayvee Enterprises, 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:

Joseph Davis  
Name of Person  
Jayvee Enterprises, LLC  
Firm/Company  
136 N. Atherly Rd.  
Address  
St. Augustine FL 32092  
City/State and Zip Code  
jaystormer@aol.com  
E-mail address: (to be used for future annual report notification)

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2012 SEP 26 PM 1:05  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

For further information concerning this matter, please call:

Gust G. Sarriis, Esq. at 904 398-9510  
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**

Jayvee Enterprises 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 12/8/2008 and assigned  
Florida document number L0800011785.

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 "L.L.C."

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:

Affinity Law Firm, P.L.

New Registered Office Address:

3947 Blvd Center Dr #101

Enter Florida street address

Jacksonville

City

Florida 32207

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 608, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Conter, Vasha	136 N. Atherly Rd St. Augustine FL 32092	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Davis, Joseph	136 N. Atherly Rd St. Augustine FL 32092	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Davis, Janice	136 N. Atherly Rd St. Augustine FL 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
ALL INFORMATION  
SEP 26 2012

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FILED

Dated September 14, 2012

Joseph Davis  
Signature of a member or authorized representative of a member  
Joseph Davis  
Typed or printed name of signee