

LO9000008127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

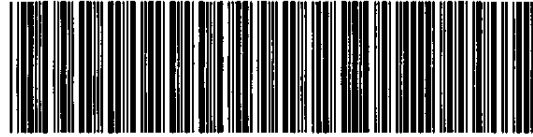
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255280742

01/16/14--01012--010 **263.00

RECEIVED
14 FEB 11 PM 12:28
SECURITY SERVICE
TALLAHASSEE, FL 32304

J. Stivers FEB 12 2014

696

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J'shospitalservices 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:

Leroy Jones

Name of Person

j's hospitality services LLC

Firm/Company

7950 Front beach rd suite c

Address

Panama city Beach FL 32407

City/State and Zip Code

jshospitalityservices44@gmail.com

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

For further information concerning this matter, please call:

leroy jones

Name of Person

at (

850 8322144

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

J'S Hospitalityservices 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 01/08/2014 and assigned
Florida document number L09000008127.

This amendment is submitted to amend the following:

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

J'S hospitality Services LLC

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:

Leroy JONES

New Registered Office Address:

7950 Front Beach Rd unit c

Enter Florida street address

Panama City

City

Florida 32407

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 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 = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leroy Jones	1804 clay ave panama city fl32405	<input checked="" type="checkbox"/> Add
		audrey Brown	<input checked="" type="checkbox"/> Remove
		1804 clay ave panama city fl32405	
			<input type="checkbox"/> Add
		Ashley Brown	<input checked="" type="checkbox"/> Remove
		1914 Frankford Ave Apt 723 Panama City FL 32405	
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated 01/08/14 , _____



Signature of a member or authorized representative of a member
Leroy Jones

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 FEB 11 PM 12:28
SECURITY STATE
TALLAHASSEE, FL 32304