

LD900017603

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TALLAHASSEE, FLORIDA

AUG 10 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 AUG -6 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 24, 2015

ERICA BERMAN
150 E ROBINSON STREET UNIT 3402
ORLANDO, FL 32801

SUBJECT: JANE LAYNE EVENTS, LLC
Ref. Number: L09000017603

We have received your document for JANE LAYNE EVENTS, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 715A00015524

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jane Layne Events, 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:

ERICA BERMAN

Name of Person

JLE LLC

Firm/Company

150 E ROBINSON ST, UNIT 3402

Address

ORLANDO / FLORIDA 32801

City/State and Zip Code

ERICA @ JANELAYNE.COM

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

For further information concerning this matter, please call:

Name of Person _____ at (407) 902-4757
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

15 JUL 20
FILED
SECRETARY
CLERK
Filing Fee,
Certificate of Status &
Certified Copy
(original copy is enclosed)
537

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

Jane Layne Events, 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 2/23/2009 and assigned Florida document number LO9000017603.

This amendment is submitted to amend the following:

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

Jane Layne, 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)

150 EAST ROBINSON ST
UNIT 3402
ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 EAST ROBINSON ST
UNIT 3402
ORLANDO, FL 32801

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

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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

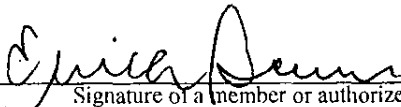
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/16/15,



Signature of a member or authorized representative of a member

Ms. Erica L. Berman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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