## L090000 42604

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## **COVER LETTER**

	Registration Sec Division of Corp		No. of the second	5 5
SUBJECT	, JAE (	Group, LLC		
· SOBJEC	1 ·		ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Jessica And	rews	
			Name of Person	
		JAE Group,	LLC	
			Firm/Company	
		1919 Summ	er Club Dr, Ste 1	l <b>11</b>
			Address	
		Oviedo, FL 3	32765	
			City/State and Zip Code	
		JustToJess@gma		
		`	to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please co	all:	
Jess	sica And	drews	<sub>4</sub> ,321,228-48	327
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>9</b> \$25.0	0 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**

JAE Group LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L090004260	iability Company		and assign	ed
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	pility company here:		
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.	C."
Enter new principal offices address, if applic	cable:	1919 Summer Club Dr,	Ste 111	
(Principal office address MUST BE A STREI	ET ADDRESS)	Oviedo, FL 32765		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and registered agent and/or the new registered o		· · · · · · · · · · · · · · · · · · ·	ter the name of	the ner
Name of New Registered Agent:	Jessica A	ndrews	<u></u>	
New Registered Office Address:	1919 Sum	nmer Club Drive, Ste 111		* *
		Enter Florida street address		
	Oviedo		32765	
New Registered Agent's Signature, if changing	Registered Agent:	City :	Zip Code	

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 Regi

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Andrews	1919 Summer Club Dr	<b>=</b> Add
		Ste 111	☐ Remove
		Oviedo, FL 32765	
MGR	Jessica Andrews	489 Evening Sky Dr	 □ Add
		Oviedo, FL 32765	■ Remove
			□ Remove
		9 I	□ Remove
			D-Add
		· ·	Remove
			 □ Add
			D Remove

	<del></del>
ctive date, if other than the date of filing: August 15, 201	4 (optional
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be tate this document is filed by the Florida Department of State)	e more than 90 days after
July 13 2014	
besteller -	
Signature of a member or authorized representative	of a member
Jessica Andréws	

Page 3 of 3

Filing Fee: \$25.00