

L09000112997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

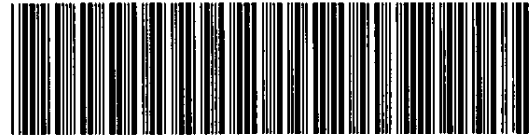
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500218232035

01/23/12--01043--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 AM 11:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JNJ Consulting, 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:

Joy Bryant
Name of Person

JNS Financial Services of Florida
Firm/Company

8 D'Allyon Ave
Address

Saint Augustine FL 32080
City/State and Zip Code

bryantjoy@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Baucum at (904) 669-8053
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 23 AM 11:54

JNJ Consulting 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 11/24/2009 and assigned
Florida document number LO9000112997.

This amendment is submitted to amend the following:

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

JNS Financial Services of Florida, 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)

8 D'Allyon Ave
Saint Augustine, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Stacy Baucum

New Registered Office Address:

8 D'Allyon Ave

Enter Florida street address

Saint Augustine
City

, Florida 32080
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:

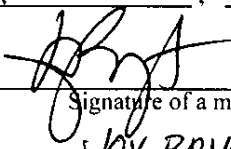
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stacy Baucum	8 D'Allyon Ave Saint Augustine FL 32080	<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
			<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.)

Amending Address From:
129 Oak Ave, Saint Augustine, FL 32084 TO
8 D'Allyon Ave, Saint Augustine, FL 32080

Dated January 20th, 2012



Signature of a member or authorized representative of a member

Joy Bryant

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 AM 11:54