## 610000065490

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
<i>6</i> 23	<u>.</u>

Office Use Only



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RECEIVED
JUL 2 1 2020



SEP 22 2020 S. YOUNG



September 2, 2020

NEHEMIAH J WAGNER II J-DUB ENTERTAINMENT 764 BAY BRIDGE CIRCLE APOPKA, FL 32703

SUBJECT: J-DUB ENTERTAINMENT LLC

Ref. Number: L10000065490

We have received your document for J-DUB ENTERTAINMENT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 820A00016850

Shelia S Young Regulatory Specialist II

## COVER LETTER

	tegistration Se Division of Cor			
etib ire	J-DUB Ente	ertainment		
SUBJEC	1;	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	um all correspo	ndence concerning this matter	to the following:	
		Nehemiah J Wagner II		
			Name of Person	
		J-DUB Entertainment		
			Firm/Company	
		764 Bay Bridge Circle		
			Address	
		Apopka, FL 32703		
			City/State and Zip Code	
		njwagner@jdubent.com		
For furthe	r information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)
Nehemiah	J Wagner II	,	407 748-7287	
	Name o	t Person	at () Area Code Daytii	me Telephone Number
Enclosed i	is a check for th	ne following amount:		
S25.00	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)
	<u>1ailing Addres</u> Registration S		Street Address: Registration So	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632		The Centre of	
I	fallahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303



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

J-DUB Entertainment LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	797 I		
The Articles of Organization for this Limited Liability Company Florida document number L10000065490	were filed on 06/18/2010	T T T T T T T T T T T T T T T T T T T		
This amendment is submitted to amend the following:		my <b>W</b>		
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	1800 Pembrook Drive Suite 300 #2	198		
(Mailing address MAY BE A POST OFFICE BON)	Orlando, FL 32810			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florid	<b>2</b> Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	-	Zip Code		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity, I furthe performance of my duties, and I	am familiar with and		

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nehemiah J. Wagner II	764 Bay Bridge Circle	
		Apopka, FL 32703	Remove
			■ Change
			□Add
			□Remove
			□Change
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Effective date, if oth If an effective date is liste Note: If the date inser document's effective of	d, the date must be specifi- ted in this block does t	ic and cannot be prio not meet the appli	r to date of filing or mo cable statutory filing	c than 90 days after tili requirements, this da	al) ng.) Pursuant to 605,0207 ( nte will not be listed as t
ne record specifies a del	ayed effective date, bu	t not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ord is filed.					

Filing Fee: \$25.00

Typed or printed name of signee

Nehemiah J. Wagner II