

L10000085369

(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



700187748057

11/19/10--01006--002 \*\*25.00

FILED  
2010 NOV 19 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
NOV 22 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JLS HOLDINGS GROUP, 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:

JOSEPHINE MABUGAT

Name of Person

JLS HOLDINGS GROUP, LLC

Firm/Company

4630 S KIRKMAN RD #220

Address

ORLANDO, FL 32811

City/State and Zip Code

wealth4transfor@gmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 19 AM 11:37

FILED

For further information concerning this matter, please call:

Josephine Mabugat

Name of Person

at ( 702 )

809-2294

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**

JLS HOLDINGS GROUP, 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 08-16-10 and assigned  
Florida document number L10000085369.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

~~706 TURNBULL AVE #203~~

*NO CHANGES*

~~ALTAMONTE, FL 32701~~

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: MARIE PAGALILAUAN

New Registered Office Address: 706 TURNBULL AVE #203

Enter Florida street address

ALTAMONTE, Florida 32701

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 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.*

*Marie Pagalilauan*  
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

Title	Name	Address	Type of Action
MGR	JOSEPH'S LEGACY, INC	3939 ROSE CANYON DR N LAS VEGAS NV 89032	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JENNIFER BOYER	4630 S. KIRKMAN RD, #220, ORLANDO, FL 32811 <del>3939 ROSE CANYON DR</del> <del>N LAS VEGAS NV 89032</del>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSEPHINE MABUGAT	3939 ROSE CANYON DR. N. LAS VEGAS NV 89032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CLEVERBIZ, LLC	706 TURNBULL AVE, #203 ALTAMONTE, FL 32701	<input type="checkbox"/> Add <input checked="" 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.)

Dated NOVEMBER, 01, 2010

*Jennifer Boyer*  
Signature of a member or authorized representative of a member

*Jennifer Boyer*  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 19 AM 11:37

FILED