

L12000003885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 3 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J2 Veterans and Defense Services, 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:

Joe B. WILLIAMS
Name of Person

J2 Veterans and Defense Services, LLC
Firm/Company

4103 Monticello Gardens Place APT 101D
Address

TAMPA, FL 33613
City/State and Zip Code

Joe b45@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe B. WILLIAMS at (904) 238-7797
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

12 OCT -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AND
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J2 Veterans And Defense Services 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 12-JAN-6 and assigned
Florida document number L12000003885.

This amendment is submitted to amend the following:

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

JABEZ Professional Services, 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)

4103 Monticello Gardens
Place, APT 101 D
TAMPA, FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4103 Monticello Gardens
Place, APT 101 D
TAMPA, FL 33613

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:

Joe B. Williams

New Registered Office Address:

4103 Monticello Gardens Place, APT 101 D
Enter Florida street address

TAMPA
City

Florida

33613
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.

If Changing Registered Agent, Signature of New Registered Agent

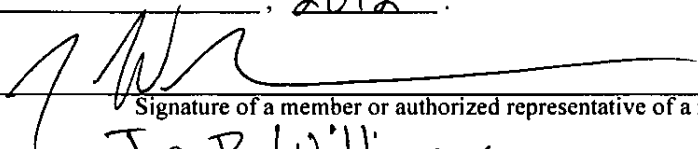
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JAHAIRA Brown	2450 13 th AVE N. APT 106 ST. Petersburg, FL 33713	<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
			<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.)

Dated 9/19/, 2012.



 Signature of a member or authorized representative of a member
Joe B Williams

 Typed or printed name of signee

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AND
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