## La00003885

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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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TALLAHASSI BERTATE

FEB 1 6 2016 S. YOUNG



February 15, 2016

TYRELL PATTON 7527 FOREST MERE DRIVE RIVERVIEW, FL 33578

SUBJECT: JABEZ PROFESSIONAL SERVICES, LLC

Ref. Number: L12000003885

We have received your document for JABEZ PROFESSIONAL SERVICES, 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00003130



## **COVER LETTER**

| Div            | ision of Cor    | porations                       |   |                      |  |              |
|----------------|-----------------|---------------------------------|---|----------------------|--|--------------|
| SUBJECT:       | Jabez Profe     | essional Services               |   |                      |  |              |
| SUBJECT.       |                 | Name of Lim                     | nited Liability Company   |                      | -  |              |
| The enclosed   | l Articles of   | Amendment and fee(s) are sub    | omitted for filing.   |                      |  |              |
| Please return  | all correspo    | ondence concerning this matter  | to the following:   |                      |  |              |
|                |                 | Tyrell Patton                   |   |                      |  |              |
|                |                 |                                 | Name of Person  |                      | _  |              |
|                |                 | Jabez Professional Service      | es  |                      |  |              |
|                |                 |                                 | Firm/Company  |                      | <del></del>  |              |
|                |                 | 7527 Forest Mere Drive          |   |                      | <b>基</b> 3 <b>あ</b>  |              |
|                |                 |                                 | Address   |                      | FEB FEB  | -11          |
|                |                 | Riverview, FL 33578             |   |                      |  | FILE<br>FILE |
|                |                 | <del></del>                     | City/State and Zip Code   |                      |  |              |
|                |                 | tyrellpatton42@gmail.com        |   |                      | - F  |              |
|                |                 |                                 | to be used for future annual report                                 | notification)        |  |              |
| For further in | formation co    | oncerning this matter, please c | all:  |                      |  |              |
| Tyrell Patton  | ı               |                                 | 757 202-382   | 1                    |  |              |
|                | Name of         | f Person                        |   | ytime Telephone Numb | er   |              |
| Enclosed is a  | check for th    | ne following amount:            |   |                      |  |              |
| ■ \$25.00 Fi   | iling Fee       | Certificate of Status           | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie             | Filing Fee, cate of Status & cd Copy all copy is enclosed) |              |
|                | <b>M</b> A 11 1 | INC ADDRESS.                    | STREET/CO.  | UDIED ADDRESS        |  |              |

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

| (Name of the Limited L<br>(A F  | iability Compa<br>lorida Limited | any as it now appears on our rec<br>Liability Company) | cords.)                           |
|---|----------------------------------|--|-----------------------------------|
| The Articles of Organization for this Limited Liabil Florida document number L12000003885                                   | ity Company                      | were filed on <u>01/06/2012</u>                        | and assigned                      |
| This amendment is submitted to amend the following  | ıg:                              |  |                                   |
| A. If amending name, enter the new name of the  | limited liab                     | oility company here:                                   |                                   |
| he new name must be distinguishable and contain the words   | "Limited Liabi                   | lity Company," the designation "I                      | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable  | : <b>:</b>                       | 7527 Forest Mere Drive                                 | 图 可                               |
| Principal office address MUST BE A STREET A   |                                  | Riverview, FL 33578                                    |                                   |
| Enter new mailing address, if applicable:   |                                  | 7527 Forest Mere Drive                                 | TATE OF TATE                      |
| Mailing address MAY BE A POST OFFICE BOX  | K)                               | Riverview, FL 33578                                    | •                                 |
| 3. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent: |                                  |  | ords, <u>enter the name of th</u> |
|   | 527 Forest Me                    | ere Drive  |                                   |
| New Registered Office Address:  |                                  | Enter Florida street add                               | dress                             |
| R   | iverview                         |  | Florida 33578                     |
| <del>-</del>  |                                  | City   | Zip Code                          |

## New Registered Agent's Signature, if changing Registered Agent:

Johns Professional Comisses

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 Registered Agent, Signature of New Registered Agent

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>   | <u>Address</u>   |                        | Type of Action |  |  |  |
|--------------|---|--|------------------------|----------------|--|--|--|
| PRESIDE      | TYRELL PATTON   | 7527 FOREST M  | 7527 FOREST MERE DRIVE |                |  |  |  |
|              |   | RIVERVIEW, FL  | . 33578                |                |  |  |  |
|              |   |  |                        | ☐ Change       |  |  |  |
| VP           | JOE WILLIAMS  | 7527 FOREST M  | IERE DRIVE             | Add            |  |  |  |
|              |   | RIVERVIEW, FL  | . 33578                |                |  |  |  |
|              |   |  | EST MERE DRIVE         | ූ <b>ත්</b>    |  |  |  |
|              | JOE WILLIAMS  7527 FOREST MERE DRIVE  RIVERVIEW, FL 33578 |  |                        |                |  |  |  |
|              |   |  |                        |                |  |  |  |
|              |   |  |                        | PA E           |  |  |  |
|              |   |  |                        |                |  |  |  |
|              | •   |  |                        |                |  |  |  |
|              |   |  |                        |                |  |  |  |
|              |   | 7527 FOREST MERE DRIVE  RIVERVIEW, FL 33578  REPORT OF THE PROPERTY OF THE PRO | •                      |                |  |  |  |
|              |   | -  |                        | □ Remove       |  |  |  |
|              |   |  |                        | □ Change       |  |  |  |
|              |   |  |                        | □ Add          |  |  |  |
|              |   |  |                        | □ Remove       |  |  |  |
|              |   |  |                        | ☐ Change       |  |  |  |

| Adding   | Tyrell                                 | Patto                                   | 20 Cf          | 1550            | ent)            |                |              |   |             | -             |
|--|--|---|----------------|-----------------|-----------------|----------------|--------------|---|-------------|---------------|
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| Tunting data if of                               | مطه سمطه سمط                           | data af fili                            |                |                 |                 |                | (antion      | داه                                     |             |               |
| Tective date, if of<br>an effective date is list | ted, the date must                     | be specific u                           | nd cannot be   | prior to date o | of filing or me | ore than 90 da | ys after fi  | ing.) Purs                              | uant to 6   | 05.02         |
| ote: If the date ins ocument's effective         | date on the De                         | partment of                             | f State's rece | ords.           | tutory ming     | requiremen     | 113, 11115 0 | ate wiir i                              | ioi oc ii   | isteu         |
|  |  |   |                |                 |                 |                |              |   |             |               |
| record specific                                  | s a delayed                            | effective                               | date, but      | t not an e      | ffective ti     | me, at 12      | 2:01 a.d     | m. on t                                 | he ear      | rlier         |
| The 90th day a                                   | rter the reco                          | ora is med                              | 3.             |                 |                 |                |              |   |             |               |
| ated Februa                                      | <b>√</b> ~ 1                           | 10                                      | , 201          | 10              |                 |                |              |   |             |               |
| ated <u>(CVI WD</u>                              | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |   | _,             |                 |                 | 1.1            |              | <b>1</b>                                |             |               |
|  |  |   | N              |                 | 1               | < 1 m//        | //           |   |             |               |
|  | 1/11                                   | 1/                                      | a member or    |                 |                 | 1,00           |              |   |             |               |

Page 3 of 3

Filing Fee: \$25.00