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J. SAULSBERRY EXAMINER

JUN 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

BIG Business of Delray 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:

Inge Webb

Name of Person

Rohr Bookkeeping, Inc

Firm/Company

1485 Masters Cir, #152

Address

Delray Beach, FL 33445

City/State and Zip Code

inga@rohrbookkeeping.com

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

For further information concerning this matter, please call:

Inge Webb

561 908-3866

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

□S55.00 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

Big Business of Delray, LLC				
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)	_	
The Articles of Organization for this Limited Liability Of Plorida document number L12000109532			d assigned	
Fiorida document number	`			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
JAL Management & Consulting, LLC				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the design	gnation "LLC" or	the abbreviation	
Enter new principal offices address, if applicable:	- th. th., th 2th 1	<u> </u>	201	
(Principal office address MUST BE A STREET ADDI	RESS)	**************************************		
		53	Z	
		전속 연속	R	
Enter new mailing address, if applicable:		<u></u>	- 99	
(Mailing address MAY BE A POST OFFICE BOX)		Oraclis 13.	-00	
B. If amending the registered agent and/or regis	stered office address on our records	, enter the nar	ne of the ne	
registered agent and/or the new registered office add	<u>lress here</u> :			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street address			
	IN			
	City	oridaZip (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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			_ □
			<u></u>
			Add
			Remove
		A LARASSEC. TORIL	
		TO TAKE	Add
			_
			_ Add
			Remove
			Add
			Remove

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated	6/4 , 13	
	MAGE	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member / hge Wobb Rohr Book Nelpwellus	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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