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COVER LETTER

Divis	sion of Corpe	orations		
SUBJECT:	JARRR LLC			
		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return a	all correspond	lence concerning this matter to	o the following:	
		Aaron Thalwitzer, Esq.		
			Name of Person	
		Gordon & Thalwitzer, Atto	orneys at Law	
		, , , , , , , , , , , , , , , , , , , 	Firm/Company	
		257 N. Orlando Ave.		
			Address	
		Cocoa Beach, FL 32903		
		aaron@brevardlegal.com	City/State and Zip Code	
		•	o be used for future annual report notific	ation)
For further int	formation con	icerning this matter, please cal		
Aaron Thalw	vitzer, Esq.		321 799-4777 at ()	
	Name of P	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ling 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:

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

JARRR LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000003295	were filed on January 7, 2013	and assigned
his amendment is submitted to amend the following:		
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	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		00
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		co s
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		r the name of the r
Name of New Registered Agent:	··	
New Registered Office Address:	6 (1)	
	Enter Florida street address	
	, Florida _	7
	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 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
MGRM	Escher, Richard P	7667 N. Wickham Road #116 Melbourne, FL 32940	_□ Add
			Remove
			☐ Change
MGRM	Hopkins, John	767 Glengarry Drive Melbourne, FL 32940	
			🖺 Remove
MGR &			Change
AMBR	Jaydon A. de Cuba	P.O. Box 372425 Satellite Beach, FL 32937	■ Add
			□ Remove
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ne record specifies a de The 90th day after th			ate, bu	it not a	an effe	ctive	time,	at 12	:01 a.	m. on	the e	arlie	r o
September 11			2018										

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00