## L13000016691

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration So Division of Co			
SUBJI	ECT:	SG JONES IN	TERNATIONAL LLC	
		Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		F	EGOR O UMOLO	
			Name of Person	
		SG JONE	S INTERNATIONAL Firm/Company	LLC
			914 7TH AVE S Address	
		JACKSO	NVILLE BEACH, FL	32250
			City/State and Zip Code	
			gjonesinternational	
For fu	rther information of	E-mail address: (i concerning this matter, please ca	to be used for future annual repoi	t notification)
	FEGO	R O UMOLO	at ( 904 )	372 - 0648
	Name o	of Person	Area Code D	aytime Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>☑</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status  Certified Copy (additional copy is enclose
	мап	ING ADDRESS:	Stdrrt/co	MIRIER ADDRESS
	Regist	JING ADDRESS: ration Section	Registration S	
	Regist Divisio P.O. B		Registration 8 Division of C Clifton Build	Section Orporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SG JONES INTERNATIONAL LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company lorida document numberL13000016691	were filed on	02/01/2013 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	gnation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		OKIDAN OF COMPONENTIAN
		<u> </u>
Inter new mailing address, if applicable:		27
Mailing address MAY BE A POST OFFICE BOX)		G.
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>		433
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	, Florida	
	. City	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	UMOLO, AFOKE D	2106 HOVINGTON CIRCLE W.	Add
		JACKSONVILLE, FL 32246	☑ Remove
			Change
			Add
			Remove
			Change
			O_Add
		<del></del>	Remove T
			Add   F   L   L   L   L   L   L   L   L   L
<del></del>	<del></del>		Add 2: 27
		<del></del>	□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			Change
<del></del>			Add
			Remove
			☐ Change

f amending	any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
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an effective da <b>Note:</b> If the d	e, if other than the date of filing:  te is listed, the date must be specific and cannot be prior to date of filing or more tate inserted in this block does not meet the applicable statutory filing refective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) quirements, this date will not be listed as the
e record sp The 90th	pecifies a delayed effective date, but not an effective time day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated	11/16/2016	
	Donabil	
	Signature of a member or authorized representative of a	member

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Filing Fee: \$25.00