L13600048199

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MIG 1 5 2013

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

JAZATLANTA 519, 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:

Lori English

Name of Person

JazAtlanta 519, LLC

Firm/Company

3001 W. Hallandale Beach Blvd #300

Address

Pembroke Park, FL 33009

City/State and Zip Code

elori976@aol.com

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

For further information concerning this matter, please call:

Lori English

954₉81-1154

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AZATLANTA 519, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000048199</u>	Company were filed on April 2, 2013	and assigned of 14
This amendment is submitted to amend the following:		AM II: 19
A. If amending name, enter the new name of the lin	nited liability company here:	. 19 Wolk
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		***************************************
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		419.45
New Registered Office Address:		
	Enter Florida st	reet address
·		orida
	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 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

<u>Title</u>	<u>Name</u>	Address T	vpe of Action
MGR	Lori English	3001 W. Hallandale Beach Blvd #300	Add
		Pembroke Park, FL 33009	
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Filing Fee: \$25.00

DIVISION OF CURPURATION