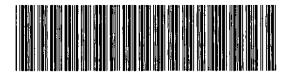
<u>U30093674</u>

(Requ	uestor's Name)	
(Addı	ress)	
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- (City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
2544		





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BALL DATE

AUG 0 7 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2015

JOSE MARI S CASTILLO 8618 LONGFORD DRIVE JACKSONVILLE, FL 32244

SUBJECT: J&G PROPERTY PRESERVATION LLC

Ref. Number: L13000123674

We have received your document for J&G PROPERTY PRESERVATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places.—One or more major words may be added to make the name distinguishable from the one presently on file.

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: 615A00016268

COVER LETTER

Division of C	orporations			
SUBJECT:	J&G Property Preserv	ration Llc		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Jose Mari S. Castillo		
•		Name of Person	 	
	Jé	kG Property Preservation	Llc	
-		Firm/Company		
		8618 Longford Drive		
		Address		
		Jacksonville, Florida , 32	244	
		City/State and Zip Code		
	•	.Castillo7@gmail.com		न्य ज
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual all:	report notification)	E S
Jose Mari S	. Castillo	904 at ()	422-2484	
Nam	e of Person	Area Code	Daytime Telephone Number	
ا المام الما				
Enclosed is a check fo	r the following amount:			•
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee	& □ \$60.00 Fil	ing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

J&G Pi	operty Preservatio Llc	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recor rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L13000123674	y Company were filed on Septemb	per 3, 2013 and assigned
This amendment is submitted to amend the following	:	
A. It amending name, enter the new name of the Megumi Enterprise LI The new name must be distinguishable and contain the words "	$\overline{\mathcal{L}}$.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		/
(Principal office address MUST BE A STREET AD	DRESS)	4 = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED # 38
B. If amending the registered agent and/or re registered agent and/or the new registered office a		
Name of New Registered Agent:	N/A	·····
New Registered Office Address:	N / A- Enter Florida street addre	2.85
	····································	lorida
·	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrg.	Gerald B. Pabio	3338 Village Oakslane, Orange Par	Add
			■ Remove
			Change
			Add
			Remove
			Change
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			Remove
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record The 90	specifies a de th day-after th	elayed effect e-record-is-f	ive date	, but not	an effecti	ve time, a	t 12:01 a.ı	n. on the earlie	èr
ited	JULY Z	.9, 2015			_,				
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Page 3 of 3

Filing Fee: \$25.00