L14000005116

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COVER LETTER

TO: Registration Section **Division of Corporations** J & E Joab Porperty 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: Joab Haileyesus Name of Person J & E Joab Porperty LLC 2495 Britney lakes lane Jacksonville, FL 32221 City/State and Zip Code Joabhaile@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joab Haileyesus Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

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

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Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & E Joab Porperty LLC			
(<u>Name of the Limited Liabl</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur record <u>s,</u>)	
The Articles of Organization for this Limited Liability of Florida document number <u>L14000005116</u>	Company were filed on Jan 9,	2014 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
J & E Joab Properties LLC			
The new name must be distinguishable and end with the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		mad .	
(Principal office address MUST BE A STREET ADD	RESS)	SECONDARY SECONDARY	
		FEB AH	
		28 ASS	AND COMPANY
Enter new mailing address, if applicable:		mo A	: 235
(Mailing address MAY BE A POST OFFICE BOX)		#ID FL(Samuel P. R. B.
	,	ATA	
		A (3)	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of	the ne
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
-	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	·		□ Remove
			Add
		·	□ Remove
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			Remove

. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary
,	
Effective date, if other than the date of	filing: (optional)
(The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep	r to date of receipt or filed date and cannot be more than 90 days after
Dated 2/24	2014
Dated	 .
	A ab Thomas.
	e of a member or authorized representative of a member
Joab Haileyesus	
	Typed or printed name of signee

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TALLAHASSEE, FINDRIA

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Filing Fee: \$25.00