

L14 000008630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

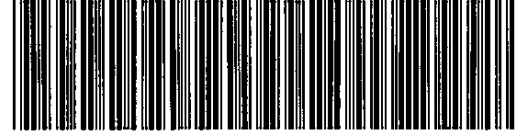
(Business Entity Name)

(Document Number)

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FILED
MAR 10 2014
FBI - TAMPA

6/8/2014 MI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

CHARLES MCGOUGH JR
3984 GREEN FOREST DR
BOYNTON BEACH, FL 33436

SUBJECT: J.F.U. CUSTOM PROJECTS, LLC
Ref. Number: L14000008630

We have received your document for J.F.U. CUSTOM PROJECTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00005316

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.F.U. CUSTOM PROJECTS 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:

Charles McGough JR

Name of Person

Firm/Company

3984 green forest dr

Address

boynton beach fl 33436

City/State and Zip Code

jfucustomprojects123@yahoo.com

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

For further information concerning this matter, please call:

Charles McGough jr

Name of Person

561 767-2265

at ()

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**

J.F.U. CUSTOM PROJECTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/2014 and assigned Florida document number L14000008630.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HEATHER ANN MCGOUGH	3984 GREEN FOREST DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH	<input type="checkbox"/> Remove
		FLORIDA, 33436	
AMGR	CHARLES MCGOUGH JR	3984 GREEN FOREST DR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH	<input type="checkbox"/> Remove
		FLORIDA, 33436	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3-16-2014

Charles McGough JR

Signature of a member or authorized representative of a member

Charles McGough JR

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
MAR 16 2014
TALLAHASSEE, FLORIDA